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A Qualitative Evaluation of the Phoenix Project:
A Strengths-based, Trauma-Informed Care Intervention for African American, Transitional Age,
Young Adults Living in San Francisco's Public Housing Community

A Clinical Dissertation Proposal Presented to The University of San Francisco
School of Nursing and Health Professions Department of Integrated Healthcare PsyD Program in
Clinical Psychology

In Partial Fulfillment of the Requirements for the Degree Doctor of Psychology

By Lena Miller

April 2020

A Qualitative Evaluation of the Phoenix Project:
A Strengths-based, Trauma-Informed Care Intervention for African American, Transitional Age
Young Adults, Living in San Francisco's Public Housing Community

Lena R. Miller
University of San Francisco

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A QUALITATIVE EVALUATION OF THE PHOENIX PROJECT: A STRENGTHS-BASED, TRAUMA-INFORMED CARE INTERVENTION FOR AFRICAN AMERICAN, TRANSITIONAL AGE, YOUNG ADULTS LIVING IN SAN FRANCISCO'S PUBLIC HOUSING COMMUNITY

Abstract

Persistent community violence has had a profound and destructive impact on many urban communities throughout the country. Post-Traumatic Stress Disorder (PTSD) resulting from community violence is becoming an increasingly frequent diagnosis of African American youth and young adults residing in San Francisco's Bayview-Hunters Point (BVHP) community (San Francisco Department of Public Health, 2012). The Phoenix Project was designed to specifically address and heal symptoms of trauma and facilitate resilience among youth and young adults, living in the public housing community within San Francisco's Bayview Hunters Point district. This qualitative study utilized interpretive phenomenological analysis (IPA) to facilitate semi-structured interviews among six (6) participants of the Phoenix Project to answer the following research questions: 1) What is the type and severity of trauma exposure experienced by Phoenix Project participants?; 2) What are strengths and qualities of resilience among Phoenix Project participants? How does the Phoenix Project enhance the strengths and resilience of participants?; and 3) What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes? Archival data, including intake packages, The Los Angeles Symptom Checklist ([LASC]; King, King, Leskin, & Foy, 1995; and The Philadelphia Urban ACEs (The Research and Evaluation Group at PHMC, 2013) were used to provide context for participants' experiences, particularly in the areas of trauma and resilience. Analysis of the study's results indicate: 1) The Phoenix Project is serving and impacting the intended target population; 2) The method of service delivery is effective in supporting participants to heal from their trauma and build resilience; and 3) The Phoenix

Project's intentional grounding in community culture, facilitates trust and healing. It is recommended that researchers utilize a larger sample size and probability sampling approach to document the level of adverse childhood experiences among residents of communities that are disproportionately impacted by violence and methods to support the healing and resilience of these individuals.

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CHAPTER 1: INTRODUCTION

In the 1990's and early 2000's San Francisco's Bayview Hunters Point community became infamous for having one of the highest homicide rates in the country (Butts & Travis, 2002; San Francisco Department of Public Health, 2012; Nathan, 2018). In addition to the loss of a loved one, every homicide is accompanied by the tragedy of another community member becoming the perpetrator of a homicide. For every homicide victim, there are 4-5 times the number of shooting victims, each year (San Francisco Police Department, 2018). The climate of danger and fear of losing one's life become deeply ingrained the psyche of all community members. Under these circumstances, many individuals experience mental health issues or seek refuge in drugs and alcohol (Israel, 2012). Yet, many individuals develop a deep wisdom and resilience that can only be earned through living through tragedy and still reaching for light, love, and hope. This study acknowledges the tragedy, while uplifting the wisdom, beauty, and strength of the Bayview Hunters Point community by examining the efficacy of the Phoenix Project. The Phoenix Project was developed by indigenous organizations in Bayview Hunters Point to support the psychological, financial, and social resilience of young adults ages 18-27, living in public housing communities within San Francisco's Bayview Hunters Point community. The participants of the Phoenix Project have experienced severe trauma and disruption and have been identified as having difficulties forming healthy connections with traditional youth development and/or after-school programs.

Consistent with the Jesuit mission of social justice, the Phoenix Project seeks to identify methods to uplift young adults in disenfranchised and underserved communities in order to achieve physical, social, and spiritual security by utilizing psychological frameworks that emphasize cultivation and care of the whole person (*cura personalis*). The Phoenix Project

operationalizes a theoretical framework that integrates empirically validated psychological models and interventions, including bio-psycho-socio-cultural-spiritual trauma-informed care, positive ethnic identity, and motivational interviewing to deliver social services to the participants in the program. A sequential, qualitative design was utilized to measure the efficacy of the Phoenix Project model in impacting participants' perceptions regarding the quality of their mental health. Archival data were collected and analyzed in order to provide relevant demographic information as well as a context for participants' experiences, particularly in the areas of trauma and resilience.

Archival data included intake packages that document several dimensions of demographic data and three empirically validated measures, particularly for youth of color, to document Post Traumatic Stress Disorder (PTSD) symptomology, exposure to adverse childhood experiences, and levels and qualities of participant resilience. Qualitative data utilized interpretative phenomenological analysis (IPA) as the framework and methodology to facilitate semi-structured interviews. These interviews were used to elicit participants' perceptions regarding effective components of the Phoenix Project, any challenges of the program, and feedback regarding changes to improve the program. This evaluation method was selected because it facilitates the deep mining and understanding of participants' analysis of their lived experiences in their own words. Moreover, IPA is commonly utilized by practitioners of applied psychology (Smith, Flowers, & Larkin, 2009). In the tradition of community-based participatory research, the study was also designed to inform and engage stakeholders in developing intervention programs that translate evidence-based practices into tangible structures and services that truly transform individuals and their life outcomes.

This study tested the effectiveness of the Phoenix Project. The Phoenix Project serves transitional-age youth in one of the most stressed and underserved communities in the United States: San Francisco's Bayview-Hunters Point public housing community. This researcher solicited, organized, and interpreted participants' experiences and viewpoints regarding the Phoenix Project through the use of the IPA framework. It was the aim of the researcher to analyze and interpret any significant themes that emerged in order to contribute to the body of knowledge regarding effective program elements in communities, with similar socio-cultural economic indicators, for dissemination and replication throughout the United States.

Bayview Hunters Point: Rising from the Ashes

Persistent community violence has had a profound and destructive impact on many urban communities throughout the country. Post-Traumatic Stress Disorder (PTSD) resulting from community violence is becoming an increasingly frequent diagnosis of residents of San Francisco's Bayview-Hunters Point (BVHP) community (San Francisco Department of Public Health, 2012). According to data compiled by San Francisco's Department of Public Health (DPH), over 44% of patients who came to the clinic for services, who are Bayview-Hunters Point residents, reported exposure to at least one traumatic event, versus 36% in other areas of the city. There was also a significantly higher incidence of both PTSD and exposure to trauma in Bayview-Hunters Point compared to other areas of the city. The incidence of PTSD was 18% for residents of Bayview-Hunters Point compared to 14% in other San Francisco neighborhoods. Among Bayview-Hunters Point residents treated for behavioral health issues, 67% were diagnosed with depression, 41% with anxiety, and 48% with substance abuse (Israel, 2012). Residents of Bayview-Hunters Point have less access to mental health resources and culturally-appropriate social services than other areas of the city, because Bayview-Hunters Point has the

least number of mental health facilities per capita compared to other districts within San Francisco (San Francisco DPH, 2012).

San Francisco's Bayview-Hunters Point community gained national notoriety as a backdrop for adverse childhood experiences as a result of research facilitated by Dr. Nadine Burke, the current Surgeon General for the State of California. Dr. Burke's work brought national attention regarding the impact of childhood adversities in urban communities of color by utilizing a mass media platform. Dr. Burke, a pediatrician practicing in BVHP at the time, examined data from 701 subjects from the Bayview Health Clinic and documented the prevalence of childhood adversities among this population and their correlation with learning behavior problems and obesity. Consistent with studies conducted in similar low-income urban areas with a high proportion of people of color, Dr. Burke's Bayview adverse childhood experiences study revealed that the average number of adversities among the population was 67% ($N=471$), compared to 50% in the ground-breaking ACEs study facilitated by Felitti et al. (1998). Furthermore, Dr. Burke found that 12% of her patients from Bayview Hunters Point had been exposed to an average of four or more adversities in childhood. Dr. Burke's research was featured in *New Yorker Magazine* (Tough, 2011) and in a 2014 TED Talk (Burke-Harris, 2014); as, Bayview Hunters Point was recognized as a proverbial ground zero for urban adverse childhood experiences.

In recognition of the problem of widespread and particularly high rates of trauma in urban communities of color, many government agencies and service agencies have adopted and integrated trauma-informed care (TIC) into their organizational infrastructures and direct services (Child Welfare Information Gateway, 2015; Hanson & Lang, 2016). According to the

United States Substance Abuse and Mental Health Service Administration ([SAMHSA], 2015), TIC is

a program, organization, or system that is trauma-informed as one that: 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seeks to actively resist re-traumatization. (p. 1)

The City of San Francisco has adopted a TIC lens into many of its service systems (Huang, Flatow, & Blake, 2017) and encourages service employees and subcontractors to utilize TIC within services to populations impacted by high rates of community violence and trauma.

However, there is a paucity of research documenting the implementation and efficacy of programs that utilize TIC approaches, particularly among youth and transitional young adults, who, statistically, are most impacted by community violence (San Francisco Department of Children, Youth, and Their Families, 2011) and have the lowest rates of utilization of mental/behavioral health services (Simmons, David, Larsen-Fleming, & Combs, 2009).

In 2016, representatives of community-based youth serving organizations, the Mayor's Office of Equity, the philanthropy community, and psychologists specializing in community behavioral health converged to design a new TIC model that targets African American and Polynesian transitional-aged young adults and young adults aged 18 to 27 living in public housing who are most disconnected from educational and career pathways. This new model, the Phoenix Project (Phoenix Project, 2017), incorporates best practices from nationally recognized youth development, workforce, and poverty reducing social service programs from across the United States. The Phoenix Project also incorporates empirically validated psychological

approaches and treatments, in an effort to create a structured and codified program that will empower the City's most vulnerable population to disrupt the cycle of generational poverty. The program (Phoenix Project, 2017) aims to achieve the following seven outcomes:

- 1) Increased educational attainment;
- 2) Increased connection to the workforce;
- 3) Decreased contact with the criminal justice system;
- 4) Increase sense of connectedness to family and community;
- 5) Decrease PTSD symptomology;
- 6) Increased resilience;
- 7) Increased knowledge and utilization of wellness techniques and self-care.

This study examined the current mental health of program participants as well as the outcomes for the project's psychologically based outcomes (Outcome 5 and 6 above) to determine if the Phoenix Project's unique approach results in participants experiencing any changes in their symptomology and response to trauma, as well as their perceived overall emotional well-being. The Biopsychosocialculturalspiritual (BPSS) model was utilized as the theoretical framework to organize this study. The theoretical framework is consistent with the underlying strengths-based philosophy of the Phoenix Project that views participants holistically and as the experts and change agents of their own lives. The current study utilized the IPA approach to qualitative analysis, to elicit participant voices to define themselves in greater depth and dimension, share their perceptions about their experiences in the Phoenix Project, determine the impact the Phoenix Project has made upon their lives, and the strengths and challenges of the Phoenix Project.

While psychologists and social scientists have intuitively understood the power that childhood traumatic experiences have upon shaping the structure and texture of their adult personality and life outcomes, in the last 20 years researchers have documented definitive health and social outcomes associated with these adverse childhood experiences. In 1995, Kaiser physicians Dr. Vincent Felitti and Dr. Robert Anda collaborated with the Centers for Disease Control (CDC) to determine the relationship between adverse childhood experiences and health and well-being in adulthood (Felitti, et al., 1998). Over 17,000 members of Kaiser's Health Maintenance Organization participated in the study. Study participants completed a comprehensive physical exam and answered an extensive survey to assess their experiences of psychological, physical, and sexual abuse, and household dysfunction. Felitti et al. (1998) specifically measured psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. Although the majority of participants were White, highly educated, and came from middle-class homes, the study found that at least half of them had experienced at least one adverse childhood experience and 25% had experienced two or more adversities.

Felitti and colleagues found that a relationship existed between exposure to adversities in childhood and risky behaviors such as smoking, drug use, number of sexual partners, unprotected sex, unhealthy eating behaviors, and drug and alcohol use. Furthermore, there was also a relationship between number of adversities participants were exposed to in childhood and health outcomes such as diabetes, cardiovascular disease, asthma, suicidality, and mental illness. The ACEs study was groundbreaking because it established a direct and measurable link between adverse childhood experiences and health outcomes.

In the wake of the crack epidemic that ravaged many urban African American communities in the 1980s and 1990s, social scientists began to consider the impact of adverse childhood adversities on the children and families in these communities (Tough, 2011). The Philadelphia Urban ACE study (The Research and Evaluation Group at PHMS, 2013) examined the relationship between adverse childhood experiences and life outcomes among primarily low-income, African Americans in Philadelphia. The study found that there was a higher prevalence of adverse adversities in childhood among this population, compared to that of Felitti et al.'s (1998) study. In the Philadelphia study 69% of respondents reported at least one adverse childhood experience, compared to 50% in the Felitti et al. (1998) study. In addition to establishing that this population experienced higher rates of adverse childhood experiences, the Philadelphia study expanded the inclusion of adverse childhood experiences from household trauma to community trauma such as witnessing violence, being the victim of violence, feeling unsafe in one's neighborhood, and experiencing discrimination based on race (The Research and Evaluation Group at PHMS, 2013).

The Philadelphia ACEs study established the prevalence of urban adverse childhood experiences among participants: 40.5% of adults had seen or heard someone being beaten up, stabbed or shot when they were growing up, and almost 30% grew up in a neighborhood where they did not feel safe. Like Felitti et al.'s (1998) study, the Philadelphia Urban ACEs study (The Research and Evaluation Group at PHMS, 2013) found a significant relationship between the number of urban adverse childhood experiences and poor health outcomes, including a four- to-12-fold increased risk for alcoholism, drug abuse, depression, and suicide attempts. The implications of these ACEs studies are of particular concern for mental health practitioners and other social service providers in low-income, urban communities of color, because they confirm

that mental and behavioral health services should be a public health priority among these communities.

Despite its location in San Francisco, one of the nation's most liberal and prosperous cities, residents of Bayview-Hunters Point experience one of the country's highest levels of urban adverse childhood experiences associated with community violence (Drexler, 2020). Among San Francisco's African American males aged 18-24, homicide was the leading cause of death (San Francisco DPH, 2012). This statistic did not account for the trauma associated with shooting incidents and injury that did not result in death and the impact of incarceration on the individual and their family. As a result of decades of intense community violence, the residual impact of complex stress, domestic violence, health complications, incarceration, and poor mental health has had a devastating impact on the overall health and social indicators of youth and young adults residing in the Bayview-Hunters Point community. The Phoenix Project was developed specifically to cultivate resilience and resources among youth and young adults who experienced multiple urban adverse childhood experiences, as defined by the Philadelphia Urban ACE's assessment, and traumatic experiences. The Phoenix Project is the product of an inspired community, committed to the healthy legacy of the next generation.

This study explored the perceptions of participants regarding: (a) the elements of the program, (b) the challenges of the program or areas that need to be refined, (c) the program factors that have the greatest impact on transforming quality of life and life outcomes for participants, and (d) the program factors that have had the greatest influence/impact upon healing trauma symptoms and/or improving overall mental health. Archival data sources were utilized to provide greater understanding about participants' demographics and experiences. These sources included intake packages that recorded basic demographic data including, but not limited to,

gender, age, ethnic identity, family structure, and several standardized assessments that measure various factors including resilience, trauma, and urban adverse childhood experiences.

Qualitative data were collected using semi-structured interviews of the Phoenix Project participants who received at least a 40-hour dosage of program intervention, over a three-month period of participation in the program.

Overview of the Study

The Phoenix Project was designed to be an innovative direct service program that incorporates evidence-based best practices from the field of psychology to improve the life outcomes and well-being of youth living in San Francisco's Bayview-Hunters Point public housing communities. The model of the Phoenix Project is based on the psychological best practices for underserved urban communities of color that experience high rates of trauma, including the TIC model, the bio-psycho-social-cultural-spiritual model, and strengths-based identity development.

As participants enroll in the Phoenix Project, they are required to complete a demographic data questionnaire and a series of empirically validated measures to assess their PTSD symptomology, resilience, and sense of well-being. Archival data were used by the researcher to provide a psychological snapshot of study participants. Because this study sought to understand and articulate the complex process involved in healing one's psyche after experiencing continuous trauma, interpretative phenomenological analysis ([IPA]; Smith, 1996) was employed to elicit rich and nuanced reflections of participants' lived experiences expressed in their own terms and words.

Consistent with IPA's ideographic foundation, a small sample size of six relatively homogenous Phoenix Project participants were selected to participate in this study. The sample

size facilitated a detailed account of the individual and the shared experiences within the Phoenix Project (Smith et al., 2009). The study utilized semi-structured individual interviews to further explore participants' experiences and their evaluation of the Phoenix Project's effectiveness in supporting youth to heal from trauma and develop greater resilience.

Semi-structured individual interviews are the preferred method for IPA. More specifically, IPA facilitates a rapport between the interviewer and the participant which can be more easily managed to encourage participants to be reflective about their responses and elicit greater depth and meaning to the interview process (Smith, et al., 2009). The population for this study comprised of several overlapping vulnerable demographic groups, including members of racial and ethnic minority group and low-income individuals (Gehlert & Mozersky, 2018). Consistent with the aims of the Phoenix Project, to empower and build the leadership and resilience of participants, this study utilized IPA methodologies to facilitate participants' exploration of their experiences of the Phoenix Project in their own language and voices. The IPA methodology facilitated insight and feedback to program stakeholders regarding program design, which can be used to alter and refine the program's structure to increase efficacy.

Definition of Key Terms

Adverse childhood experiences: Adverse childhood experiences are potentially traumatic events that occur in childhood (0-17 years). These experiences includes experiencing violence or abuse, witnessing violence in the home or community, being in the foster care system, and/or having a family member attempt or die by suicide. Also included are elements of the child's environment that can disrupt their sense of safety, stability, and bonding. Some of these experiences include growing up in a household with substance misuse, mental health

problems, or instability due to parental separation or household members being in jail or prison (Centers for Disease Control [CDC], 2020).

Community Violence: Community violence includes direct victimization, witnessing, and hearing about violent acts in the community, and can be an extreme stressor that affects the physical and mental health of individuals and communities (Cooley, Turner, & Beidel, 1995; Dube, Gagne, Clement, & Chamberlain, 2018).

Complex Trauma (CT): Complex Trauma is used to describe children's exposure to multiple traumatic events, and the wide-ranging, long-term physical, emotional, and psychological effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect (National Child Traumatic Stress Network [NCTSN], 2014).

Mobility Mentoring: Was developed through a long-term developmental partnership between trained staff and program participants. Through mobility mentoring, participants acquire the resources, knowledge, and skills necessary to attain and preserve economic independence. Mobility mentoring includes four fundamental components: 1) The Bridge to Self-Sufficiency: A visual tool for participants who are setting goals and making future-oriented decisions; 2) Coaching-Using the Bridge as the framework and engaging in a one-to-one partnerships. Coaching is a process designed to improve a participants' persistence and resilience; 3) Goal-Setting: utilizes specific, measurable, achievable, realistic, and time bound (SMART) goals format to set goals leading towards economic mobility outcomes; 4) Recognition: a system of positive rewards, both tangible and intangible which supports successful goals achievement (EmPath, 2020).

Resilience: Resilience refers to a person's ability to recover or effectively cope with stress and to demonstrate an unusual level of psychological strength for one's age and set of

circumstances (Werner, 1984). Resilience is the interaction between the individual's psychological characteristics, within the context of stress, that enhances their ability to effectively adjust to adverse life circumstances (Joyce et al., 2018). Resilience theory focuses on the positive elements, qualities, and characteristics in a young person's life that disrupt trajectories from risky behaviors, challenging experiences, poor behavioral health, and poor life outcomes (Zimmerman, 2013).

Relentless Outreach: refers to ongoing, aggressive outreach and follow-up designed to meet young people where they are and build trust. Relentless outreach is typically implemented by youth workers to engage or re-engage targeted young adults with services.

Strengths-based approach: Rooted in the field of social work, the strength-based approach identifies and builds upon individuals' strengths, resourcefulness and resilience, particularly when faced with adverse conditions. In the field of psychology and social work, the strengths-based approach is characterized by being client-led and client-centered. A strengths-based approach collaboratively explores the individual's abilities and their circumstances, rather than focusing the intervention on an individual's deficits (Colomina & Pereira, 2019).

Trauma-Informed Care (TIC): Trauma-informed care refers to a program, organization, or system that: 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seeks to actively resist re-traumatization (SAMHSA, 2020).

Summary

This chapter introduces the purpose of this study and key research that is used to guide the theoretical orientation of the study. An overview of the San Francisco's Bayview Hunters Point community is presented to orient and ground the reader in the context where the study takes place. The methods that are utilized to gain access into perspectives of the study participants are presented. Finally, key concepts are defined to clarify the meaning and context of terms that will be utilized and referenced throughout this document. Chapter 2 presents a deep dive into the theory, literature, and data that drives the theoretical orientation of this study. The literature is organized from the general concepts regarding trauma, Post Traumatic Stress Disorder, adverse childhood experiences, violence, and complex trauma; as well as, evidence-based theories, concepts, and practices that cultivate resilience and thriving, despite exposure to complex trauma. These concepts are examined to understand how these dynamics intersect to create the reality and worldview of Phoenix Project participants so that new "best practices" can be identified to support youth struggling with similar issues to develop the grit, motivation, and tenacity to overcome obstacles and realize their power.

CHAPTER 2: LITERATURE REVIEW

This literature review is organized to reflect the biopsychosocialculturalspiritual (BPSS) framework upon which the Phoenix Project is structured. The BPSS framework is a holistic, client-centered model that acknowledges the complex interaction of biological factors (genetic, biochemical, etc.), psychological dynamics (mood, personality, behavior, etc.), social influences (cultural, familial, socioeconomic, etc.), and spirituality (religion, meaning making, spiritual practices, etc.) that determine the quality of one's physical and mental health. Similarly, the complex interplay of these dynamics, in relation to trauma and healing, will be explored as they manifest in the lives of study participants. A history and working definition of Post-Traumatic Stress Disorder (PTSD) is established, while the physical manifestation of early trauma in the form of adverse childhood experiences are examined. The psychological development of factors that lead to both PTSD and resilience are analyzed through the social dynamics of community violence and community cohesiveness. Finally, the Phoenix Project's philosophy and structure are explored as the community's response to healing the psychological and spiritual wounds resulting from trauma and violence among its young people.

History and Evolution of the PTSD Diagnosis

Post-Traumatic Stress Disorder (PTSD) is an increasingly frequent disorder observed in modern American society (National Institutes of Health, 2009; Zoroya, 2014). According to the National Institutes of Mental Health, 3.5% of the U.S. population has been diagnosed with PTSD (Kessler, Chiu, Demler, & Walters, 2005). Although PTSD is diagnosed more frequently among the civilian population, the term *PTSD* and the set of symptoms it encompasses is rooted in symptoms soldiers have suffered in combat. The first cases of psychological disturbance related to prolonged exposure to warfare or "shell shock" were recorded among the troops of the British

Expeditionary Force in late 1914 (Howorth, 2000). From July to December 1916, over 16,000 cases of nervous disorders were recorded among the British Army (Merkskey, 1979). The frequent occurrence of psychological disability without physical pathology that was common in soldiers returning from combat facilitated the acceptance of the concept of psychological distress and disability (Howorth, 2000).

After World War I, the observation of thousands of soldiers who returned home with mental syndromes, referred to as *shell shock* or *combat fatigue*, led to the formal psychological diagnostic category that incorporated common symptoms of Gross Stress Disorder (Andreasen, 2004). In fact, the impact of war on the psychological conditions of soldiers was so prevalent that it influenced the creation of the DSM-I (Grob, 1991). Upon the conclusion of World War II, the DSM I manual included the diagnosis Gross Stress Disorder.

In the post-Vietnam War era, society and the medical establishment was again challenged by the thousands of young men who suffered from psychological symptoms as a result of combat. In response to this phenomena, the American Psychiatric Association in 1980 added the diagnosis of PTSD to the third iteration of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) to describe the cluster of symptoms caused by a stressor or trauma outside the range of normal experience (Trimble, 1985). The events former combat soldiers considered traumatic were differentiated from the painful but ordinary stressors of human existence such as loss, sickness, and death due to natural causes. Adverse psychological reactions to these were categorized as *adjustment disorders*, while catastrophic stressors such as war, rape, and natural disasters were classified under PTSD. The differences between these classifications were based on the concept that individuals have the capacity to handle ordinary stressors, while trauma overwhelms the individuals' psychic capacity (Friedman, 2015).

The application of PTSD diagnoses widened to include survivors of sexual abuse and severe motor vehicle accidents (Andreasen, 2004). The diagnostic criteria for PTSD in the fourth iteration of the DSM manual (DSM-IV) included a history of exposure to a traumatic event and at least one of the symptoms from each of the following categories: intrusive recollections; avoidance/numbing; and hyperarousal. The latest definition of PTSD in the fifth version of the DSM manual (DSM-5) expanded to include a hedonic and dysphoric presentations marked by negative cognitions and mood states (American Psychiatric Association, 2013). Another significant change in the DSM-5 was that PTSD was no longer categorized as an anxiety disorder. In 2013, PTSD was reclassified into a new category of trauma and stressor-related disorders (American Psychological Association, 2019).

Current PTSD Definition and Symptomology

According to the DSM-5, the diagnostic criteria and constellation of symptoms of PTSD falls within the following:

Criterion A: Stressor. The person was exposed to, witnessed, or repeatedly learned indirectly (e.g., in the case of first responders) of death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.

Criterion B: Intrusion symptoms. The traumatic event was persistently re-experienced in the form of intrusive memories, traumatic nightmares, dissociative reactions, intense or prolonged distress, and marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: Avoidance. Persistent effortful avoidance of distressing trauma-related stimuli after the event.

Criterion D: Negative alterations in cognitions and mood. Negative alterations in cognitions and mood that began or worsened after the traumatic event.

Criterion E: Alterations in arousal and reactivity. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event.

Criterion F: Duration. Persistence of symptoms in Criteria B, C, D, and E for more than one month.

The Evolution of PTSD into Continuous Traumatic Stress Disorder

As the psychiatric community finally agreed on the nomenclature, etiology, and symptomology of PTSD in the DSM-IV, researchers and practitioners articulated yet another iteration of the disorder whose etiology and symptomology were compounded by multiple traumas. The diagnosis of PTSD usually referred to adverse, ongoing, psychological reactions in response to a single trauma, such as an attack or a car accident. However, Herman (1992) and other researchers (e.g., Newman, Orsillo, Herman, Niles, & Litz, 1995; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997) made a distinction between PTSD resulting from an isolated incident and the pervasive symptoms observed among survivors of repetitive trauma, such as chronic sexual and physical abuse, being in a war camp, prolonged torture, or extended combat exposure. Researchers suggested that the diagnostic battery of symptoms incorporated under the PTSD diagnoses did not appropriately capture the symptoms of prolonged exposure to repeated trauma (Herman, 1992; Roth et al., 1997; Spitzer, Kaplan, & Pelcovitz, 1989).

Individuals exposed to repeated and ongoing trauma demonstrated symptoms which extended beyond the simple PTSD in three areas: symptoms were more complex, diffuse, and persistent; survivors of compounded PTSD suffered from pervasive personality disturbance; and survivors of ongoing trauma tended to suffer from vulnerability to repeated harm, including self-inflicted and harm from others (Herman, 1992). Furthermore, these individuals were considered more difficult to treat than those suffering from simple PTSD (Ide & Paez, 2000).

The constellation of symptoms resulting from exposure to repeated and ongoing trauma was encapsulated within various names, including complex PTSD (CP), complicated PTSD, disorders of extreme stress, and disorders of extreme stress not otherwise specified (DESNOS). The DSM-IV placed this symptom cluster under the associated features of PTSD (American Psychiatric Association, 1994). Today, the terms *Complex* or *Continuous Traumatic Stress Disorder* (CT) are frequently used to define PTSD among refugees, inhabitants of war-torn countries, and communities that have experienced ongoing violence and toxic stress (Horowitz, Weine, & Jekel, 1995; Matheson, 2016). *Toxic stress* refers to the biological impact of prolonged activation of the body's stress response due to strong, frequent, and prolonged adversity, including disruption in hormonal and neurological systems (Center on the Developing Child, 2015). Historically, individuals exhibiting symptoms of CT were typically victims of war; however, CT is increasingly being diagnosed within low-income urban communities across the United States (Breslau, Davis, Andreski, & Peterson, 1991; Breslau et al., 1998; Fitzpatrick & Boldizar, 1993; Paxton, Robinson, Shah, & Schoeny, 2004; Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998; Shakoor & Chalmers, 1989).

Adverse Childhood Experiences (ACEs) as a Predictor of Violence

Since the landmark Felitti et al. study in 1998, researchers have consistently found a correlation between various poor life outcomes and adverse childhood experiences. Felitti and colleagues (1998) included 7 indicators in their measurement of adverse life experiences: abuse (includes emotional, physical, and sexual abuse), neglect (physical and emotional), domestic violence, household substance abuse, household mental illness, parental separation/divorce, and household member with a history of jail/imprisonment. The presence of one or more adverse childhood experience predicted several poor life outcomes, including smoking, heavy drinking,

incarceration, morbid obesity (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014), depression (Jencks & Leibowitz, 2018), anxiety, post-traumatic stress disorder (Bellis et al., 2016), and attempted suicide (Perez, Jennings, Piquero, & Baglivio, 2016), along with increased risk for poor educational and employment outcomes, and recent involvement in violence (Bellis et al., 2014).

Higher adverse childhood experience scores were also found to be significantly correlated with increased odds of developing some of the leading causes of death in adulthood, such as heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998). Adverse childhood experiences were found to be associated with higher rates of depressive symptoms, drug use, and antisocial behavior later in life, (Schilling, Aseltine, & Gore, 2007). Respondents who experienced four or more childhood adversities demonstrated approximately one standard deviation higher on each of those outcomes than those who experienced no adversity. Furthermore, researchers have found that exposure to cumulative stressors and trauma has a positive correlation to deviant behavior (Aseltine, Gore, & Gordon, 2000; Brody, Chen, & Kogan, 2010; Roberts et al., 1999).

The proliferation of ongoing, complex stress and trauma during childhood may contribute to regulatory deficits that reinforce behaviors, relationships, and situations that further expose children to stressors and adversity as young adults (Pearlin & Schooler, 1978). Childhood trauma and adversity significantly increases the prevalence of serious, chronic, and violent offences among juveniles (Piquero, Farrington, & Blumstein, 2003). In the United States, over 90% of juvenile offenders have experienced some type of traumatic event, and over 30% of justice-involved youth met criteria for PTSD as a result of childhood trauma (Dierkhising, et al., 2013). Serious violent and chronic juvenile offenders have experienced significantly higher rates

of trauma, abuse, neglect and maltreatment during childhood in comparison to the less severe and non-offending juvenile population (Dierkhising, et al., 2013; Fox, Perez, Cass, Baglivio, & Epps, 2015; Loeber & Farrington, 1998). A study of adverse childhood experiences among juvenile offenders indicated that serious, violent, and chronic (SVC) offenders exhibited more than double the number of childhood adversity scores than less severe and non-offending juveniles (Fox et al., 2015). These results are not surprising as earlier studies indicated that higher adverse childhood experience scores are consistent with higher risk for heavy drinking, smoking, risky sexual behavior, and recent involvement in violence (Bellis, et al., 2014; Hillis et al., 2004; Hillis, Anda, Felitti, & Marchbanks, 2001).

Neighborhood context also plays a significant role in impacting exposure to childhood adversity (Baglivio, Wolff, Epps, & Nelson, 2015). Both extremely affluent and disadvantaged neighborhoods were found to have a 10% variance in childhood adversity exposure after controlling for demographics, family support, and parental employment (Baglivio, et al., 2015). The implications of these dynamics are especially pronounced in low socio-economic urban communities where dense populations of youth who have experienced multiple adversities in childhood are constantly coming into contact and engaging. An extremely low or high socio-economic status has a positive correlation between child abuse or neglect and juvenile delinquency, offending, and violence (Widom, 1991). As this research illustrates, there is a significant correlation between multiple adverse childhood experiences and violence. Within low socio-economic urban communities, youth who have experienced multiple adverse childhood experiences have exponentially higher odds of engaging in conflict. Given this context, high rates of violence within communities that suffer from historically high levels of

trauma is predictable, and without intervention, it is almost inevitable. The following sections examine how ongoing violence and trauma proliferates and propels the cycle of violence.

The Mechanics of the Cycle of Violence

Community violence has a particularly devastating impact on young people because it challenges their basic belief that the world is safe, predictable, and controllable (Cooley-Strickland, et al., 2009). Community violence threatens the formation of healthy attachments and erodes children's capacity to experience trust as well as develop self-confidence and autonomy (Garbarino, Dubrow, Kostelny, & Pardo, 1992), and is one of the strongest predictors of aggression among youth (Attar, Guerra, & Tolan, 1994; Bell & Tracey, 2006; Gorman-Smith & Tolan, 1998; McMahon, et al., 2013; Motley, Sewell, & Chen, 2017; Osofsky, Wewers, Hann, & Fick, 1993). According to social researcher Anderson (1994), children, particularly adolescent boys, become violent in an effort to command respect and decrease their own vulnerability.

Community violence and victimization. In his seminal article *Code of the Streets*, Anderson (1999) asserted that within many violent communities, there is a low tolerance for interpersonal transgressions. Anderson (1998) also noted that if victims of those transgressions do not react with violence, they will become marked as weak and become the target of further victimization. Even though many young men may not be inclined to violence, the ability to act violently is cultivated as an adaptation to the persistent threat of violence (Agnew, 1994; Baskin-Sommers, Baskin, Sommers, & Newman, 2013; Mrug, Madan, & Windle, 2016). This dynamic is compounded in many low-income, urban communities plagued by community violence. Where there are few opportunities to demonstrate legitimate worth and competence, one's self-worth is often dependent upon an ability to command respect in public.

A quantitative assessment of 867 adolescents living in low-income, violent communities within the United States' Gulf Coast confirmed that the threat of victimization and a general sense of hopelessness are the greatest contributors to community violence (Drummond, Bolland, & Harris, 2011). Furthermore, data from a national survey of youth revealed that the majority of participants did not approve of violent behavior; however, most believed that it was necessary to be violent in response to provocation to avoid further victimization (Agnew, 1994).

The media often portray youth violence as a derivative of peer pressure, a need for acceptance, or corrupted rite of passage rituals; however, violence among youth usually develops from more painful and desperate origins. Most adolescent males who engage in violent activities were motivated to relieve feelings of powerlessness or low status (Lacayo & Behar, 1994). Adolescents who were victimized or humiliated often relieve it by initiating violence and/or victimizing others, thereby transcending feelings of powerlessness and a victim identity (Fuentes, 1998). Thus, a cycle of destruction develops where children who are victimized by violence process the trauma through victimizing other children in their environment (Anderson, 1994).

Retaliation. Retaliation plays a powerful role in the psychology that manifests in community violence. Kubrin and Weitzer (2003) examined homicides in St. Louis and reported a disproportionate rate of retaliatory homicides in disadvantaged communities. The authors found evidence that many of the victims were encouraged by family and friends to retaliate against their perpetrators, suggesting that community norms may contribute to increased rates of violence. Kubrin and Weitzer (2003) suggested that many people in disadvantaged community have little confidence in the police to provide protection; as such retaliation becomes the only means to ensure safety.

When fear and violence become the norm in a community, these consistent stressors play a critical role in the development and maintenance of psychological problems (Banez & Compas, 1990). Persistent feelings of not being safe often result in a state of chronic threat, generating thoughts, feelings, and behavior characteristic of PTSD symptoms (Pynoos, Steinberg, & Goenjian, 1996; Schwab-Stone et al., 1995). Breslau, Wilcox, Storr, Lucia, and Anthony (2004) found that 65% of young adults experienced complex or continuous stress resulting from community violence. Similarly, other studies have found that 40% to 60% of individuals living in low-income communities with high levels of violence, experienced complex trauma (Farrell & Bruce, 1997; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Pearce, Jones, Schwab-Stone, & Ruchkin, 2003).

Complex Trauma in Low-Income, Urban Communities

Several American cities' homicide rates are comparable to the world's most deadly nations (Florida, 2013). According to data from the Centers for Disease Control and Prevention ([CDC]; 2009) and the United Nations Office for Drug Control and Crime Prevention (2000), if New Orleans were a country it would rank second in the world for gun murders (62.1:100,000 people), Detroit's homicide rate trailed slightly behind El Salvador (35.9:100,000), Baltimore's rate (35.9:100,000) was slightly less than Guatemala (39.9:100,000), and gun homicide rates in Newark (29.7:100,000) and Miami (23.7:100,000) were slightly lower than Colombia (27.1:100,000). Cities such as Cleveland, Buffalo, Houston, Chicago, and Los Angeles also ranked among the nation's cities with highest homicide rates. However, even cities with relatively low homicide rates such as San Jose and Austin have homicide rates comparable to Albania and Cambodia, respectively (Florida, 2013).

Although violence among cities with low-socioeconomic indicators is higher among all ethnic communities, over the last three decades homicide rates among African American adolescents were among the highest of any ethnic group (CDC, 2009). In 2008, the African American homicide rate for males aged 18 to 24 years was 91.1 deaths per 100,000 (Cooper & Smith, 2011). In general, African Americans living in poverty-level, urban communities are more likely to experience violent traumas such as homicide, physical assault, and rape (Breslau et al., 1998). In fact, violence in many of these communities is so high that they are often referred to as “war zones” by academia, the media, and individuals (Sweatt, Harding, Knight-Lyon, Rasheed, & Carter, 2002). These statistics highlight the link between symptoms consistent with PTSD and Complex Trauma experienced by combat veterans and adolescents living in high-violence communities. The most significant difference between these two cohorts is that combat veterans come home from combat or war zones, while families living in violent communities and homes are in war zones.

According to the DSM-5, direct exposure to trauma, witnessing a trauma, or constantly being exposed to the details of a trauma are consistent with the criteria for PTSD (American Psychiatric Association, 2013). Consistent with elevated rates of homicide and violence in communities, there has also been an increase in the percentages of the population experiencing symptoms consistent with PTSD and complex trauma. This trend has been particularly prevalent among African American youth and young adults living in under resourced and neglected communities across the country (Breslau et al., 1991; Breslau et al., 1998; Fitzpatrick & Boldizar, 1993; Selner-O’Hagan et al., 1998; Shakoor & Chalmers, 1989). Researchers from DePaul University studied a sample of 77 low-income inner-city African American male adolescents who had experienced high levels of community violence (Paxton et al., 2004). They

found that victimization, not exposure, was the greatest predictor of developing PTSD and other forms of psychological distress such as depression. The researchers confirmed previous studies which found that social support does not act as a buffer for victims of violence because the effects of such violence are so intense that social support alone is not adequate to buffer the deleterious psychological impact. Paxton et al. (2004) also suggested that adolescents and children are more vulnerable to experiencing symptoms consistent with PTSD than adults, particularly if the adolescent experiences direct violence exposure and/or knows the victim.

The rate of exposure to violence (i.e., experiencing or witnessing a violent event) among African American youth who reside in urban, economically disadvantaged communities ranges between 25% and 97% (Fitzpatrick & Boldizar, 1993; McGee et al., 2001; Selner-O'Hagan et al., 1998; Shakoor & Chalmers, 1989). Adolescent males are particularly at risk of experiencing physical assault (Abram et al., 2004; Cheng et al., 2003; Kessler et al., 2005). The most dramatic result of exposure to violence is death; however, those who experience and witness violence may also suffer significant consequences that impact their physical mental health. Experiencing and witnessing community violence is significantly related to the development of PTSD symptoms (Alim, Charney, & Mellman, 2006). African American youth living in violent communities have twice the risk for developing PTSD symptoms at a rate of 16% (Hunt, Martens, & Belcher, 2011). Rates of PTSD symptoms among African American youth residing in low-income urban communities range from 16% to 40% (Fletcher, 1996). The impact of unresolved exposure to violence and the development of resulting psychopathology is the primary contributor to the repeated cycle of violence within these communities (Brezina, Agnew, Cullen, & Wright, 2004; Paxton et al., 2004). While Complex Traumatic Stress Disorder (CT) is becoming recognized among residents of low-income urban areas across the United States of America, it is particularly

prevalent among young people living in San Francisco's Bayview-Hunters Point community who are repeatedly exposed to trauma, throughout their lifetimes.

Trauma and Complex Trauma in Bayview-Hunters Point

Bayview-Hunters Point is home to San Francisco's largest African American population. This historically African American community was developed by migrants from the southern region of the United States to secure well-paying jobs at the Hunters Point shipyards (Kelley & VerPlanck, 2010). During the 1940s and 1950s, over 51,000 African American migrants settled into the temporary army barracks used for housing shipyard workers (Jeffries, 2006). Although the majority of families enjoyed sustainable employment at the shipyards and purchased homes in Bayview-Hunters Point, the temporary barracks were converted into public housing populated by low-income African American families and continue to be inhabited by the city's most vulnerable and isolated low-income families today. The Hunters Point Shipyards and the temporary housing facility that remain as public housing some 80 years later have a very complex and traumatic history that has contributed to the poor quality of life indicators, including the highest rates of breast and uterine cancer and asthma in the country and extremely high rates of mental health issues, including PTSD (Katz, 2006).

From the 1940s through 1969, the Hunters Point Shipyard was the site of the Naval Radiological Defense Laboratory (NRDL). The NRDL decontaminated ships exposed to atomic weapons testing, including the ships that transported the bombs that were dropped on both Hiroshima and Nagasaki (United States Nuclear Regulatory Commission, 2016). The NRDL also served as a research lab to study the effects of radiation on materials and living organisms (Department of the Navy, 2014). The activities at the NRDL caused radiological contamination significant enough for the Environmental Protection Agency (EPA) to declare Hunters Point

Naval Base a Superfund site in 1989. As activities in the shipyard began to diminish in the 1970s, thousands of individuals were laid off and the community plummeted into high rates of unemployment.

In the 1980s, the crack cocaine epidemic added further to the already-ailing social and economic environment and devastated the Bayview-Hunters Point community. Drug abuse became rampant, many of the community's families lost their homes, extremely high rates of children were removed from their homes and put into the foster care system, and a generation of "crack babies" were born to parents who succumbed addiction to crack cocaine (Ginwright, 2015). The crack cocaine epidemic was accompanied by violence. Semi-automatic weapons and other firearms became commonplace and plentiful in the community (Sward, 2001).

Homicides became extremely frequent such that Bayview-Hunters Point was recognized as one of the most violent communities in the country (Butts & Travis, 2002; San Francisco Department of Public Health, 2012). What began as gang-related homicides directly related to the drug trade eventually descended into an inevitable means of solving irreconcilable differences among young men. The direct experiencing, witnessing, or committing a homicide or an attempted homicide became common to almost every resident of Bayview-Hunters Point, particularly young people (Sward, 2001). Decades of exposure to broad and consistent trauma resulted in complex trauma among residents of Bayview-Hunters Point at such alarming rates that it has remained a priority of the City's Department of Public Health (DPH) for over two decades. In 2006, the Director of the DPH, Mitchell Katz, published the following statement in the agency's annual report:

Violence is the leading cause of years of life lost in Bayview-Hunters Point, as well as the leading cause for black men in San Francisco....Adolescents and young adults

experience the highest homicide rates...Root causes of violence include poverty, oppression, mental health and family dynamics. Risk factors include witnessing acts of violence, access to firearms, alcohol use, incarceration, media, and community deterioration. All of these causes and risk factors for violence are present in Bayview-Hunters Point, among males in 94124. (Katz, 2006, p. 19)

According to the San Francisco Police Department, for the calendar year 2012 there were 69 homicides and 315 shootings that injured 141 people (Baird, 2012). Over 39% of the shootings and 25% of homicides occurred in Bayview-Hunters Point. Furthermore, 53% and 63% of homicide and shooting victims, respectively, were African American, with 39% between the ages of 18- 25 years old. The high rates of shootings and homicides resulted in ongoing, historic, and specific trauma. This cumulative trauma resulted in pervasive mental health disorders among community residents.

Bayview Hunters Point's homicide and shooting statistics describe a reality where young men and their families in Bayview-Hunters Point must daily negotiate life and death. The stress associated with the complexities of ever-present threats of deadly violence can quickly become toxic. Many residents of the Bayview-Hunters Point community have experienced this chronic stress for decades. In 2014, DPH's Director Barbara Garcia identified health disparities and poor mental health outcomes related to trauma among African Americans as one of the greatest priorities for the DPH (Garcia, 2013). Thus, violence as the primary threat to health and the leading cause of death for African American adolescents has not only persisted but has intensified, as has its impact on the collective mental health of the community (San Francisco DPH, 2012).

According to data from the City and County of San Francisco's Community Behavioral Health System, 64% of children and youth in the Southeast sector of Bayview-Hunters Point have been exposed to at least one type of trauma, and 36% of all child and 38% of youth clients were exposed to multiple types of traumatic events (Israel, 2012). Because PTSD is a diagnosis with specific symptoms, it does not fully account for the number of people exposed to trauma that experience other disorders. Often times, exposure to trauma results in myriad of other symptoms such as depression, anxiety, stress, and substance abuse. Depression (66.5%) was the most prevalent issue affecting residents being treated for behavioral health issues, followed by anxiety (51.7%) and adjustment to trauma (41%). This statistic describes a reality where young adults and their families in Bayview-Hunters Point must negotiate life and death daily. The stress associated with the complexities of ever-present threats of deadly violence can quickly become toxic. This stress has become decades long for many residents of the Bayview-Hunters Point community.

Mental Health Treatment Among Low-Income African Americans

Throughout the country, there exists a discrepancy and disparity among African Americans who require mental health services, those who receive treatment, and the effectiveness of the services received. Despite the fact that African American males between the ages of 14-24 represent the highest rates of victims and perpetrators of homicide, shootings, and violence and have one of the highest rates of PTSD and CT this population has one of the lowest utilizations of mental health treatments in San Francisco and nationwide (Chow, Jaffee, & Snowden, 2003; Garcia, 2013; Neighbors et al., 2007; Robins & Regier, 1991; Sue, Zane, & Young, 1994). There are several barriers that contribute to the lower rates among this population in accessing mental health care and services.

African Americans experience similar rates of mental health diagnosis as the general public, yet nearly 60% do not receive treatment (Constantine, Myers, & Kindaichi, 2004; Mayo, 2004). This dynamic often results in individuals seeking emergency treatment once they are in crisis, resulting in an overrepresentation of African Americans in inpatient treatment facilities (Awosan, Sandberg, & Hall, 2011; Breaux & Ryujin, 1999; Snowden, 1999; Snowden & Cheung, 1990). Stigma (Sussman, Robins, & Earls, 1987), accessibility (Robins & Regier, 1991), and insurance (National Alliance on Mental Illness [NAMI], 2016) are frequently cited as the primary reasons that many African Americans do not seek mental health treatment.

Cultural mistrust of treatment. Academic research suggests that cultural mistrust is a significant reason that African Americans do not utilize mental health care when it is needed (Grant-Thompson & Atkinson, 1997; Hazen, Hough, Landsverk, & Wood, 2004; Nickerson, Helms, & Terrell, 1994; Paskar, Abram, & Teplin, 2009; Poston, Craine, & Atkinson, 1991; Terrell & Terrell, 1981; Thompson, Worthington, & Atkinson, 1994; Watkins & Terrell, 1988; Watkins, Terrell, Miller, & Terrell, 1989; Whaley, 1998). Cultural mistrust emerges from both the historical and current trauma commonly experienced by most African Americans, particularly within low-income communities (Bell & Tracey, 2006; Maultsby, 1982; Newhill, 1990; Ridley, 1984; Terrell & Terrell, 1981; Whaley, 1998). In a study comparing cultural mistrust and attitudes about mental health treatment among African Americans, Native Americans, Asian Americans, and Hispanics, various studies found a strong, positive association between cultural mistrust and refusal to seek or utilize mental health services among African Americans and Native Americans (Ahluwalia, 1990/1991). African Americans' mistrust of health care providers, particularly White health care providers, emerges from historical misdeeds, current racist experiences, and the frequent pathologizing of African Americans

(Constantine, 2007; Mitrani, Prado, Feaster, Robinson-Batista, & Szapocznik, 2003; NAMI, 2016). African American adolescents, in particular, under-utilize mental health care services due to cultural mistrust and negative attitudes toward mental health care providers, particularly when the provider is White (Neighbors et al., 2007; Samuel, 2015; Terrell & Terrell, 1984; Watkins et al., 1989; Watkins & Terrell, 1988; Williams & Williams-Morris, 2000).

In an effort to remove the barriers and stigma associated with mental health and social services, the Phoenix Project utilizes the embedded social services model which brings the provider into the world of the participant, where they feel comfort and security. In contrast, the traditional social service model insists that the participant enter into the world of the provider to receive services. A benefit to this approach to social services is that the provider has an opportunity to more closely experience the reality of participants and more accurately understand the world from their perspective. The community embedded model also discourages provider's from pathologizing participants as they will be able to quickly observe how maladaptive behaviors outside of these communities can very easily be appreciated as essential survival, even adaptive behaviors within one's community. A Phoenix Project program is located within each of the four major public housing communities in Bayview-Hunters Point: Hunters View, Alice Griffith, Sunnyside, and Potrero Hill. While each location maintains its own staff and local culture, each site maintains fidelity to the model, similar to a restaurant franchise.

Biopsychosocialculturalspiritual (BPSS) Framework

The BPSS framework was used to develop the framework and structure of the Phoenix Project. In an effort to maintain fidelity to the model, the BPSS was used as the theoretical framework to guide this study and to develop the study's research questions. The study determined the extent to which the BPSS framework is an appropriate model to structure

program services to achieve desired outcomes. The biopsychosocial (BPS) model, a precursor to the BPSS framework, is currently being used by clinical practices within the health and mental health fields as a best practice to provide holistic services that synergistically address the interrelated social needs and health concerns of the patient (Ivarez, Pagani, & Meucci, 2012). The BPS model for patient care was first introduced by Engel (1977). Engel (1977) sought to create a holistic approach that acknowledged the whole person and the dynamic interplay and impact that each of these realms have upon patient health and healing. In Engel's BPS model, medical providers continued to approach patient care from a disease treatment model; however, they would also give equal weight and consideration to psychological and social factors in the assessment and care process. Engel asserted that the BPS model had the potential to make medicine more humanistic while making it more scientific since the BPS model was based in general system theory (von Bertalanffy, 1968).

According to general systems theory, all systems are structurally and functionally interconnected, from the smallest atoms to galaxies, through continuous feedback loops. Engel (1977) delineated a hierarchy of natural systems in the BPS model that was comprised of bio-organelles (cells, tissues, nervous system), psycho (the individual's experience and behavior), and social-family (community and culture). Engel asserted that medical professionals must understand the integration of these systems in order to effectively restore a patient to health.

Over the last three decades, utilization of the BPS model has been widely embraced by the medical and mental health establishments. The BPS formulation is now considered a core competency for practicing psychiatrists by the American Board of Psychiatry and Neurology and has also been designated by the Accreditation Council for Graduate Medical Education as its Patient Care Milestone for Psychiatry (Ross, van Schalkwyk, & Rohrbaugh, 2016). Today,

medical schools, accreditation groups, teachers, scholars, and practitioners have embraced the BPS model as central to patient-centered care (Smith, Fortin, Dwamena, & Frankel, 2013).

In the last decade, researchers and practitioners have expanded the BPS model to include spirituality, particularly in the field of mental health and psychology (Aamar, Lamson, & Smith, 2015; Hatala, 2013). Because spirituality is a core strength for underserved populations including women, people of color, and lower SES groups, it is an essential facet of a holistic model for these populations (Lynch, Hernandez-Tejada, Strom, & Egede, 2012). African American and Hispanic populations were particularly likely to include spirituality as a significant strength and fundamental to their belief system (Cattich & Knudson-Martin, 2009; Noel, 2010; Osborn, et al., 2010; Rodriguez, Chen, & Rodriguez, 2010). Many providers, particularly those serving underserved minority populations, have adopted the BPSS model into their practices (Alladin, 2009; Exner, Jansen, Stroud, & du Preez, 2017; Osborn et al., 2010).

The BPSS model was introduced and adopted into the Phoenix Project as a method to encourage fidelity to the conceptualization of participants by providing a holistic framework and treatment tool for Phoenix Project staff. The BPSS framework was seamlessly incorporated into the intake package for participants, assessments, and care plans. Most importantly, by utilizing the BPSS model in this community based and embedded program, the community is learning and practicing the same methodology embraced as empirically proven best practices in the medical and mental health fields (Jeschke, 2013; Lake, Helgason, & Sarris, 2012; Magnavita & Anchin, 2014; Sluzki, 2007). As the community is empowered with these new practices, it can evolve to a form that is most appropriate and useful for the Phoenix Project target population: disconnected African American, Polynesian youth, and other young adults living in public housing communities in the San Francisco Bay Area.

Trauma-Informed Care

The Phoenix Project also recognized the value of recognizing and validating the impact of trauma on the overall well-being of program participants. Trauma-informed care is an evidence-based practice that was incorporated into the Phoenix Project framework to acknowledge and take an active approach to addressing and healing the psychological and emotional wounds that trauma can leave upon one's psyche. Trauma-informed care was ultimately developed as a result of increased understanding of the impact of adverse childhood experiences and a myriad of health and life outcomes. Over the last twenty years, researchers and mental health practitioners have documented the profound and long-term impact that childhood trauma and adverse childhood experiences have on poor health and mental health indicators across the lifespan (Bilchik & Nash, 2008; Burke-Harris, 2018; Felitti et al., 1998; Perry, 2001; Perry, 2006; The Research & Evaluation Group at PHMC, 2013). Research also confirmed a correlation between adverse childhood experiences and poor prognosis on various factors during adolescence including self-esteem, coping skills, school performance, self-regulation, critical thinking, self-motivation, and healthy relationships (National Research Council and Institute of Medicine, 2009). Although experiences of childhood adversity and trauma have a great potential to impact the immediate and long-term effects of health outcomes, ultimately their impact is mediated by risk and resilience factors (Fratto, 2016). Such risk factors include age, developmental status, type of adverse childhood experiences, the relationship between the child and the perpetrator, and the severity, duration, and frequency of the maltreatment. Environmental factors such as poverty, chronic exposure to community violence and traumatic events, and domestic violence are also significant risk factors for developing long-term negative health outcomes (American Psychological Association [APA], 2008; McGill et al.,

2014). Protective or resilience factors include positive attachment, supportive relationships, and positive community support and institutions (Gerson & Rappaport, 2013).

In recognition of the pervasive impact of adverse childhood experiences, particularly among populations that are at higher risk for exposure to trauma, there has been a growing movement to incorporate trauma-informed care (TIC) into child welfare, schools, juvenile halls, and community programs (Child Welfare Information Gateway, 2015; Hanson & Lang, 2016). According to SAMHSA (2014), a trauma-informed program, organization, or system: a) realizes the widespread impact of trauma and understands potential paths for recovery; b) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; c) responds by fully integrating knowledge about trauma into policies, procedures; and d) seeks to actively resist re-traumatization.

KVC Kansas (KVC), a child welfare and behavioral healthcare services system in Kansas, evaluated the effectiveness of integrating trauma systems therapy (TST) across its full continuum of care throughout its child welfare system. The evaluation was designed to understand the impact and effectiveness of TST on positive outcomes (e.g., well-being, placement stability, permanency) for over 1,500 children entering out-of-home care. Brown, McCauley, Navalta, and Saxe (2013) found that youth who received TST were less likely to require physical restraint to prevent injury. These youths had improved outcomes in all eight areas of functioning assessed by the child and adolescent functional assessment scales (CAFAS) and had fewer multiple placements upon leaving the program compared to children who did not receive TST. The demonstrated positive outcomes of the program prompted KVC to expand the TIC approach to non-clinical staff through training, materials, oversight, and support that they could implement in a manner that is appropriate to their role within the agency. KVC's goal was

to empower all staff to utilize the TIC approach throughout the agency in an effort to better support children to improve their behavior, continue to process their trauma, and achieve better placement outcomes.

Positive outcomes for the implementation of the TIC approach in juvenile justice facilities and systems have been well-documented. The Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is an established group and individual intervention specifically developed to treat justice-involved youth (Ford, Chapman, Connor, & Cruise, 2012). TARGET utilizes a series of self-regulation skills that support youth to identify triggers for general stress and traumatic stress reactions, recognizing emotion and thought identification as it relates to youth goals and behavioral options, and enhancing self-esteem and self-efficacy. Evaluations of the TARGET TIC approach demonstrated significant reductions in violent behaviors, depression, and PTSD symptoms among justice-involved youth (Ford & Blaustein, 2013; Marrow, Knudsen, Olafson, & Bucher, 2012). The Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A) is another TIC approach that researchers have found to demonstrate effectiveness in reducing behavioral dysregulation among youth who have experienced trauma. The STAIR-A approach is adaptable to many settings and can be used in an individual and group format (Gudino et al., 2014).

The overwhelming evidence demonstrating the relationship between adverse childhood experiences, trauma, and various negative life outcomes have prompted many researchers, policy analysts, and organizations to advocate for the implementation of system level integration of a TIC lens and approach within social institutions, from juvenile detention facilities (NCTSN, 2014; Ko et al., 2008) to schools (O'Grady, 2017; Pickens & Tschopp, 2017) and substance

abuse treatment centers (Fratto, 2016; Hanson & Lang, 2016; Pickens, 2016; Redd, Malm, Moore, Murphy, & Beltz, 2017).

The City and County of San Francisco's DPH has heeded this urgent and overwhelming call to integrate TIC within its systems, particularly those that provide services to vulnerable populations. In 2014, the San Francisco DPH implemented the Trauma Informed Systems Initiative. The following quote from DPH's publication, Trauma Informed Systems Initiative (2014) provides a comprehensive explanation and vision for TIC within the city and county of San Francisco:

The Trauma Informed Systems Initiative has been designed to combat the insidious effects of systemic trauma and promotes a paradigm shift change in our organizational culture, most notably, the ways in which repeated exposure to trauma fragments and destroys relationships within the workforce. Shared trauma understanding supports shifting from pervasive thinking within the workforce that our system is a “machine” that performs its job based on a specific set of inputs, to a living organism, built on relationships, that is open, complex and adaptive. Trauma Informed Systems (TIS) principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures. Consistent with the SAMSHA declaration regarding individuals, San Francisco TIS shifts our narrative from what is wrong with the system to what has happened to the system and how can we share responsibility for healing. (San Francisco DPH, 2014, p. 1)

DPH's Trauma Informed Systems Initiative includes mandatory, foundational training for all 9,000 public health employees to create a shared language and understanding of trauma in the

following areas:

- Development of an embedded Champions Learning Community (CLC) to support, apply and sustain the application of the TIS principles and practices into the entire DPH workforce.
- Train the Trainer program to embed and harness trauma expertise within the DPF system and establish a permanency of the initiative.
- Intentional efforts to align TIS with the DPH workforce and policy initiatives to insure TIS implementation increases coherence, unifies our system and improves outcomes.
- Leadership Engagement and outreach to support leaders to integrate TIS principles into day-to-day operations as well as promote system change at the program and policy level.
- Work towards establishing San Francisco as a Trauma Informed City insuring that the entire workforce has a common language and principles. (San Francisco DPH, 2014, page 1)

The DPH is currently working with other city departments, including the Juvenile Probation Department, the San Francisco Unified School District, the District Attorney's Office, San Francisco Child Abuse Prevention Center, First Five, Department of Children Youth and Families, Human Service Agency, and community-based organizations to implement TIC approaches within their organizations through trainings and sharing of resources (Huang et al., 2017).

Because the Phoenix Project is a part of San Francisco's HOPE SF initiatives, which specifically targets residents of public housing communities, the project incorporates a TIC approach into its program design. Despite widespread acknowledgement and documentation that

adverse childhood experiences and chronic exposure to trauma results in negative life outcomes (Corbin et al., 2013), there has been limited research examining the effectiveness of the operationalization of TIC approaches within programs and institutions (Berliner & Kolko, 2016). This study documents and provides an understanding of the effectiveness of a TIC approach as it is operationalized into a community-based approach with youth who have experienced chronic and pervasive trauma, including community violence.

Strength-Based Resiliency

Building or nurturing children's resilience is the most effective way to decrease the impact of adverse childhood experiences and exposure to trauma. Moreover, building resilience is the primary path to thriving, despite some of the most horrific childhood experiences. Werner (1971) was one of the first researchers to coin and use the term *resilience* as applied to children. Werner (1984) conceptualized resilience as the ability to effectively cope with stress and to demonstrate an unusual level of psychological strength for one's age and set of circumstances. Resilience theory focuses on building youths' strengths in the face of risks so that they grow up healthy despite significant challenges (Garmezy, 1991; Masten, 1994; Rutter, 1987; Werner & Smith, 1982; Zimmerman & Brenner, 2010). According to Zimmerman (2013), resiliency theory focuses on the positive elements, qualities, and characteristics in a young person's life that disrupt trajectories from risky behaviors, challenging experiences, poor behavioral health, and poor life outcomes. These variables are referred to as promotive factors or strengths (Fergus & Zimmerman, 2005).

For youth growing up in risky environments where they are constantly confronted with hazards, including community violence, developing resilience is essential to overcoming compound barriers and achieving positive life outcomes. Several qualities and characteristics

have been identified as protective factors, particularly for youth in “risky” environments, including positive coping skills, intelligence, self-efficacy, problem-solving ability, educational achievement, affect regulation, positive self-esteem, and positive response to authority (Cooper, Agocha, & Sheldon, 2000; Glantz & Sloboda, 1999); optimism, hope, and self-esteem (Carvajal, Clair, Nash, & Evans, 1998); and positive relationships with peers, family, school, and community (Catalano & Hawkins, 1996). Peer support has been found to be particularly important among youth who have been exposed to community violence in order to foster personal development and self-actualization (Ding, Nelson, & Lassonde, 2002).

Researchers studying effective interventions for youth in risk environments assert the importance of building youths’ strengths in order to reduce risk exposure and negative life outcomes among adolescents (Murray & Belenko, 2005). Further, interventions should integrate the targeting of risk and protective factors within the specific program model and approaches, using a comprehensive array of services and collaborations with other service agencies. Although it is not realistic that a single intervention can target all potential risk factors, it is important for programs to assess for an array of individual, family, school, and community risks and strengths, and then match services to meet those needs while simultaneously engaging the community, school, and family (Belenko & Logan, 2003).

According to SAMHSA (2015), the most successful youth development programs utilize a strengths-based framework where youth are given the opportunity to develop mastery, and are also designed to utilize and enhance youths’ strengths, provide opportunities for skill building, and foster healthy peer and adult relationships. Positive outcomes from evaluations of various strengths-based programs embedded within low-income African American communities support this model. Evaluation of the CASASTART model demonstrated that the program utilized a

successful strengths-based intervention with participants to reduce use of drugs and alcohol and reduce violent crime (Murray & Belenko, 2005).

The MAAT Adolescent and Family Rites of Passage Program in Washington, DC also utilizes strengths-based models grounded in an ecological framework designed to promote resilience in at-risk African American youths through a multifaceted Africentric approach (Harvey & Hill, 2004). The U.S. Center for Substance Abuse Prevention supported the MAAT program as a three-year demonstration project designed to reduce the incidence and prevalence of substance abuse and antisocial attitudes and behaviors by African American youths, ages 11-15. Results from the evaluation of the MAAT program demonstrated that participating youths had statistically significant gains between the pretests and posttests scores on self-esteem and knowledge about drug abuse.

The CASASTART and MAAT programs demonstrate that youth development programs that utilize a strengths-based framework are effective in promoting resilience in youth who are faced with multiple challenges and risks. This paradigm shift from focusing on environmental and familial risks to building and cultivating strengths, skills, and talents is particularly important in urban environments (Littell & Wynn, 1989). In communities where youths perceive their neighborhoods and schools to be unsafe, youth development organizations become an essential source of support for youths to build their skills, sense of identity, positive relationships, and resilience to thrive despite the trauma and other risks and challenges that they often experience in low-income urban communities (Manswell Butty, LaPoint, Thomas, & Thompson, 2001). The Phoenix Project incorporates the theory, research, and practices of building and nurturing resilience among participants by focusing on their strengths, establishing healthy relationships, and providing emotional and tangible supports to youths to achieve their goals.

The Phoenix Project

In March of 2016, the Mayor's Office partnered with the San Francisco Foundation to publish and distribute a request for proposals (RFP) to promote economic mobility among the most disconnected, transitional-age youth living in the public housing communities within SF HOPE. This focus on economic mobility was based on the stark and imminent reality that Housing and Urban Development (HUD) through the San Francisco Housing Authority would be transferring its public housing stock to private developers. Although many of the new and existing units would still be guaranteed for low-income residents, rent payments would increase, payments would be enforced, and more stringent enforcement of housing rules would be implemented. City lawmakers and representatives of the private sector realized that unless there was a concerted effort to ensure upward economic mobility, this transition would result in housing insecurity and increased homelessness among current families, particularly those who had lived in these areas for generations. Up until this time, many of the youth development and youth after school programming had been grounded in outcomes related to safety, increase in educational outcomes, decreases in involvement with law enforcement, and enrichment activities. Now that the final threads in the housing safety net were being unwoven, the service priority shifted to reinforcing the bridge to economic self-sufficiency and out of poverty.

The Economic Mobility RFP (San Francisco Foundation, 2016) required that applicants utilize a collaborative approach to prevent duplication of services, as well as, the use of multiple agencies to service the same participant. The RFP also required that applicants utilize evidence-based and outcome-driven approaches that could be objectively evaluated to ensure efficacy. I was the Executive Director of the Hunters Point Family, an indigenous non-profit organization, during this time and immediately recognized a once-in-a-lifetime opportunity to design and

implement a new approach, utilizing tools, resources, and support, that had been previously unavailable to indigenous non-profit organizations, based in Bayview Hunters Point. In my role as the Executive Director of the Hunters Point Family, based in the public housing community in Hunters Point both geographically and culturally, I gathered together leaders from other indigenous organizations who had similarly served youths in the heart of the community, with great outcomes, commitment, and appreciation from the community, but with little recognition, fan fair, or financial support, from city government or the private sector. Each organization was thoroughly vetted by the group to ensure quality services, integrity, and general adherence to an unspoken “youth first, community first” code, which translated to not exploiting our community for money, recognition, or power. Each member of the group was also selected based on their unique niche and service provision in an effort to ensure a final collective of organizations that could fulfill the holistic needs of participants within the target communities. The organizations that comprised the team, included:

- Lead Organization: The Hunters Point Family (HPF). HPF provided holistic services for youth living in the public housing communities of Bayview Hunters Point since 1999. HPF had the largest number of sites located within public housing (6), and offered holistic services to youth, including case management, workforce development, academic support, mentoring, and enrichment activities.
- Workforce Development: Young Community Developers (YCD). YCD is also an indigenous organization that has provided workforce development services to the Bayview Hunters Point community for over 40 years. YCD was selected to provide workforce development services within the collaboration.

- **Physical Health:** Third Street Youth Center & Clinic (3rd St.). 3rd St. is an indigenous organization that was founded in 2005 to provide general and reproductive health services to youth and young adults living in Bayview Hunters Point.
- **Mental Health:** Bayview Hunters Point Foundation (BVHPF). BVHPF is an indigenous organization in Bayview Hunters Point that provides a range of services; most notably, they hold the largest mental health contract to serve African American residents of San Francisco. BVHPF also offers substance abuse services, including a methadone treatment center.
- **Educational Support:** 100% College Prep (100%). 100% is an indigenous organization in Bayview Hunters Point, that provides tutoring, study skills, college prep, and advocacy services to youth living in the Bayview Hunters Point community. They also host several college tours throughout the year with an emphasis on historically Black colleges and universities.
- **Samoan Culture & Services:** Samoan Community Development Center (SCDC). SCDC is the only organization based in Bayview Hunters Point, and one of the few Samoan-based organizations in San Francisco. SCDC is located within the HOPE SF Sunnydale housing community. SCDC was included to ensure that Polynesian, including Samoan, participants were served in a culturally appropriate and authentic manner.

Collectively, these organizations formed the “Village Partners” and selected the name the Phoenix Project to signify the experience of our community being metaphorically burned down and consumed by the “fire” of the crack epidemic, violence, mass incarceration, and gentrification. The name also signified our reemergence from the metaphorical ashes as a

stronger, purer, and more powerful distillation of the soul, beauty and strength of the Bayview Hunters Point community. More importantly, the Village Partners' collective hopes that our children emerge as more resilient and enlightened, despite the extensive trauma that had interrupted the stable family structure, intellectual and irreverent culture, and economic mobility of our community.

The Phoenix Project submitted a proposal to the San Francisco Foundation and was interviewed by the Executive Director of the San Francisco Foundation and the Equity Coordinator of the San Francisco Mayor's office, as well as a representative from the San Francisco Housing Authority and several other representatives from these and related entities. Although the competition included collaborations led by national non-profit organizations which were backed by hundreds of millions of dollars, the Phoenix Project, a collaboration of indigenous leaders and organizations was awarded the contract. This was an upset in many ways; as, the Phoenix Project were "underdogs." We did not have the proposal writers, access to data, or resources as many of the national non-profit organizations who competed for this grant. Upon being awarded the grant, one of the reviewers shared that it was my statement at the end of the interview that changed the outcome in our favor. When asked why the committee should award the grant to the Phoenix Project; as, the member organizations have been in the community for decades and the community has "deteriorated on your watch," my response was the following: *"Like the residents of the 9th Ward in Katrina, we were here before the storm. When the storm hit and our people were left to deal with the destruction, no one came for us and no one has cared about us, until the money came. We picked up the scraps of what was left of our community and we stayed to rebuild as best we could. We are from this community, they are our children, mothers, fathers, and grandparents. We aren't going anywhere and we haven't*

gone anywhere. Most of these other organizations never stepped foot in our community, especially not in public housing. We never saw them until after the Redevelopment agency announced that it would distribute massive dollars to serve in public housing. We were here long before they came to our community and we will be here when the money dries up and they go away. We have no choice because we are the community and our existence is based on love, not opportunity.” According to Mr. Theo Miller, a panelist from the Mayor’s Office, the committee was moved and understood that data driven outcomes and evidence based practices could be taught, love for one’s people cannot (personal communication, 2015).

As a requirement of the grant, the Executive Directors of these agencies toured several nationally recognized programs in youth leadership, workforce development, and community development in order to identify best practices that could be applied to the target population in San Francisco’s HOPE SF public housing communities. The most prominent of these interventions incorporated structured, durable support mechanism through long-term intensive case management, “relentless outreach” and “mobility mentoring.” This approach was most clearly articulated, implemented, and documented as nationally recognized evidence-based interventions through the non-profit agencies ROCA (2020) and EmPath (EmPath, 2020), both based in Massachusetts. The relentless outreach and mobility mentoring elements were slightly modified to meet the needs of the Phoenix Project target population and was incorporated into the Phoenix Project program design.

As the group studied other program models and began to reflect on best practices to serve our target population of disconnected, transitional-age youth (ages 18-27) living in SF HOPE sites, we realized that none of the programs we studied had significantly accounted for or integrated programming to address the deep trauma experienced by virtually all of the youth

within this target population. Many of the programs also did not take into account ethnic or community culture and often hired professionals who did not reflect the racial/ethnic identity of the participants or integrate cultural strengths and style into their intervention. In an effort to address these concerns, the researcher invited a colleague, Theopia Jackson, a Professor and psychologist specializing in providing family and individual therapy to African Americans, to consult for the Phoenix Project in an effort to ensure that these issues were incorporated into the program design in a manner that would honor and connect with participants while meeting the threshold of our funders to utilize empirically validated methods that could be measured and validated using data.

Several retreats were facilitated where Dr. Jackson met with Phoenix Project representatives to create a unique model that was grounded in the Bayview Hunters Point community's collectivistic or extended family culture. The Phoenix Project team also identified trauma-informed, culturally authentic, youth-driven and centered, holistic, and strengths-based as core values of the Phoenix Project. Through these retreats, the team developed a framework for the Phoenix Project that incorporated the values of all the organizations involved.

The Phoenix Project Intervention Model. The following theories or constructs were incorporated into the Phoenix Project's theoretical framework (Phoenix Project, 2017):

- Bio-psycho-social-cultural-spiritual (BPSS) model of care: The BPSS is a holistic approach that acknowledges and addresses the interaction and integration of the biological, psychological, social, cultural, and spiritual experiences of participants. One of the required documents that each Phoenix Project participant completes within the assessment period is the BPSS life map. This life map guides participant through their strengths, challenges, and goals within each of these domains.

- Culturally affirming
- Client-centered
- Strengths-based approach
- Trauma-informed care approach

The Phoenix Project intervention model combines relationship-building and targeted programming in the areas of health, education, and employment to support young people in developing the necessary skills to create positive behavioral changes. Several diverse relationships are built into the Phoenix intervention to ensure participants remain engaged in the program. Peer Leaders are youth ages 18-27 who have completed specialized training and have at least one year of experience in youth leadership.

Peer leaders provide peer-to-peer connection and ongoing support to participants. Youth development specialists conduct “relentless outreach” to ensure that participants remain engaged in the program by maintaining constant contact through visiting participants’ homes, places where they hang out, and contacting them through phone calls, texts, and emails. Finally, coaches support successful goal setting and connection to the range of services provided through the Phoenix collaborative to help them attain those goals. All Phoenix staff are trained in various evidence-based and clinical techniques for promoting behavioral change, specifically:

- Biopsychosocialculturalspiritual framework which considers the ways that health in one area (psychological) impacts other areas (physical) and cannot be treated in isolation;
- Motivational interviewing, a client-centered counseling style designed to help clients explore and resolve ambivalence;

- Stage-based learning, which helps young people practice the academic and pre-vocational skills needed to achieve social and economic independence; and
- Transitional employment, a stage-based approach for helping individuals gain and practice critical entry-level employment skills while earning a subsidized wage.

Once a consistent relationship is established between the participant and the coach, that relationship becomes the foundation for cognitive-behavioral change is leveraged to support the participant to move through a long-term, stage-based plan for achieving their goals through educational, behavioral health, and employment gains. Each participant engages in structured programming and support in the areas of health (e.g., mental, physical, social, peace promotion), education, and employment that meets participants where they are developmentally. During the first three months of enrollment in the Phoenix Project, participants are expected to meet with their coach a minimum of three times each week and participate in activities/programming to support goal attainment.

The Phoenix Project Approach. The Phoenix Project utilizes various methods that represent a paradigm shift from many traditional youth development models. More specifically, participants represent youth who have rejected or been rejected from mainstream after-school and youth development programs. The following are the values and structure that the Phoenix model utilizes to create authentic and sustainable connections with participants:

- Strong emphasis on joining and engaging (Alliance)
- Treatment focuses on amelioration of issues targeted by the individual
- Behaviors are understood from the client's perspective
- Approach shifts from practitioner to the client's goal
- Focus shifts from "should(s)" to client's motivation

- Focus is on what the client is able to do
- Interventions are collaborative and assistive strategies meant to aid in achieving goals and objectives
- The client and practitioner are “mutually” involved

The Phoenix Project model is based on the assumption that only once an authentic relationship is built can participants trust providers to let them into their inner worlds, their thoughts, and share their lives with them. This is the space that is fertile for substantive life transformation that can be captured and documented as real outcomes. The following are the Phoenix project outcomes for participants after a dosage of 120 hours in the Phoenix Project:

1. Improved health outcomes
2. Increased post-secondary enrollment and completion rates
3. Increased percentage of youth earning incomes (increasing savings/wealth)
4. Additional youth-identified outcome for success

These goals are achieved through the following tools and strategies:

- Peer-based relentless outreach, ongoing and aggressive outreach and follow-up designed to meet young people where they are and build trust;
- Customized coaching experience maximized by data-driven decision-making;
- Development of a Life Map: Individual Mobility Roadmap (IMR);
- Collaborating with engaged institutional partners, to increase systemic capacity for intervention with opportunity youth and provision of needed supports.

The Phoenix Project is one of the first large-scale programs to identify, integrate, and operationalize several psychological principles and interventions to address and heal the devastating impact of trauma among young adults living in San Francisco’s public housing

community. The Phoenix Project embodies the Jesuit tradition of *cura personalis* by acknowledging and incorporating the bio-psycho-social-cultural-spiritual approach into the program design and case management structure. Also, consistent with the Jesuit tenant of *Magis*, the Phoenix Project is a shared commitment and partnership among stakeholders within the Bayview-Hunters Point community, community-based organizations, philanthropy, and local government to strive for excellence in seeking the social salves to heal the emotional and spiritual wounds of San Francisco's most vulnerable young people. The Phoenix Project team, which represents many diverse sections of San Francisco, truly embodies the Jesuit principle of "women and men for and with others." Each stakeholder group represents a specific set of values, interests, and culture that has devoted themselves to the well-being of young adults who have been traumatized by poverty and community violence. They share the goal of providing defined and structured strategies and services that are tailored to the needs, challenges, and strengths of young people living in public housing communities plagued by violence.

The Phoenix Project's approach is unique because it reaches beyond the typical service provision "program" model by incorporating the scientific method to ensure efficacy of the intervention and fidelity to the program design. The aim of this study was to provide a holistic picture of a representative sample of Phoenix Project participants, including the type and frequency of traumatic exposure, trauma symptomology, socioeconomic indicators, existing social supports, resiliency factors, and wellness/healing practices utilized by participants. The study utilized qualitative methods to ascertain participants' perceptions regarding the strengths and challenges of The Phoenix Project. The Phoenix Project model can be applied to similar populations, throughout the country. Within the mental health community, the Phoenix Project

articulates a method to operationalize psychological, best practices, and principles to marginalized populations that do not typically access mental and behavioral health services.

The Phoenix Project utilizes a BPSS, TIC, strengths-based, ethno-centric framework to deliver a holistic array of services designed to fortify youth living in San Francisco's Bayview-Hunters Point who are exposed to complex trauma. By shifting the focus from warning youth or trying to prevent them from exposure and involvement in risky behavior, to building youths' assets, skills, and healthy relationships, the Phoenix Project provides tools and alternatives to risky behaviors that lead to positive health and life outcomes.

Gaps in the Literature

Further research is needed in the field of providing trauma-informed care programs and resources for youth and young adults who are residents of public housing as they are often among the most impacted by complex trauma and have the least access to mental health resources. The research discussed in this section revealed that while trauma-informed approaches and methodologies are utilized by various programs and institutions, almost all of them are compulsory and none are offered within the target populations' community. The few studies, cited in this paper, that examined the impact of these trauma-informed approaches were offered in schools (O'Grady, 2017; Pickens & Tschopp, 2017) and correctional facilities (Ford et al., 2012; Ford & Blaustein, 2013; Marrow et al., 2012;) and were reported from the institutional point of view. The review of the literature highlights an absence of studies evaluated from the participants' receiving the service perspective. Thus, the perspective and voices of these young people are neither heard nor understood, resulting in the broader scientific and service community having no true foundation to understand the effective, benign, and possibly harmful elements of an intervention. In some ways, one may argue that this approach is an existential re-

victimization of an already victimized population as even the healing of their deepest psychic wounds is designed, reported, and analyzed without their input.

The basic premise of the Phoenix Project is that the participants are the experts of what they need. The service providers or Phoenix staff are expert navigators in supporting participants to access resources to support those needs. Through the utilization of the IPA method, this study provides new information to the scientific community to better understand how young adults, who have been impacted by complex trauma, perceive their needs, and the approach utilized by the Phoenix Project.

Summary

Chapter 2 explores the research that support the various theories, concepts, and dynamics that are utilized to understand the constructs of trauma and resilience which are the focus of the first two research questions. An exploration of the proliferation of violence and the psychological impacts that result from chronic community violence is examined to understand the context of participants' lived experiences. Service models that emphasize trauma informed care and resilience are highlighted to glean best practices for African American, young adults. Finally, an in depth examination of the Bayview Hunters Point community is presented to allow the reader to firmly ground themselves in the context of participants' lives and the challenging reality they must navigate to stay safe in their neighborhoods and within their psyches. The following section of this study explores the methodology utilized by the researcher to facilitate and report this research.

CHAPTER 3: METHODOLOGY

This study sought to provide new information to the mental health field regarding the effective development and implementation of program methodologies that facilitate the reduction of trauma symptoms and improve various dimensions of resilience and well-being, among African American transitional-age youth living in San Francisco's public housing community. This study strived to understand the experiences of young adults, participating in the Phoenix Project. This chapter presents (a) research questions (b) research design; (c) study participants; (d) procedures; and (e) data analysis plan.

Research Question

This study sought to answer the following research questions:

RQ₁: What is the type and severity of trauma exposure experienced by Phoenix Project participants?

RQ₂: What are strengths and qualities of resilience among Phoenix Project participants?
How does the Phoenix Project enhance the strengths and resilience of participants?

RQ₃: What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes?

Research Design

This study utilized a qualitative approach, with an interpretive phenomenological design. A qualitative research design was selected for this study to facilitate a thorough exploration of the experiences of the participants; as well as, the dynamics that contribute to their perceptions regarding Phoenix services (Smith et al., 2009). A qualitative approach makes space for the participants' experience to emerge. More importantly, a qualitative approach honors the experience and expertise of the participants to explain that which is most relevant to them and

why. Interpretive phenomenological analysis was selected as the research design for this study because it honors the voice and expertise of the participants (Eatough & Smith, 2008).

Interpretative phenomenological analysis (IPA) is a qualitative design that is quickly becoming one of the most common qualitative methodologies in psychology (Smith, 2011). Over the last 15 years IPA has been frequently utilized within the psychological literature because it facilitates an in-depth exploration of participants' view of the world. It also facilitates examination of participants' lived experiences and their process for making meaning (Eatough & Smith, 2008). IPA is comprised of three theoretical perspectives: phenomenology, hermeneutics, and ideography (Smith et al., 2013). Phenomenology is concerned with examining a particular experience on its own terms, removed from our preconceptions and biases. Husserl (1982), an early philosopher of phenomenology, encouraged the researcher to engage in a series of reductions designed to remove the lens of one's pre-existing categorical systems and assumptions in order to experience the essence of a particular phenomenon. Heidegger (1962), Merleau-Ponty (Morris, 2008), and Sartre (1948) are other phenomenological theorists that expanded Husserl's (1982) ideas on the theory of phenomenology. Their writings challenged Husserl's conception of the static and pure essence of a person or event as individuals are constantly changing and evolving in relation to their experiences in the world. They contended that an individual's continuous process of making meaning of their experiences, shapes their interpretation and thus their experience of the world (Smith et al., 2009).

As interpretation is identified as the mechanism that determines experience, hermeneutics is employed to understand the methods of interpretation (Heidegger, 1962). Hermeneutics contributes to the IPA philosophy by seeking to understand the participant's process of meaning making, while acknowledging the researcher's process of reflection and trying to make sense of

the participants' meaning making; this process is referred to as a double hermeneutic (Smith & Osborne, 2003).

IPA's ideographic approach honors and seeks to understand the unique experience of each participant. IPA emphasizes the deep mining of an individual's experience in its own right, to establish and reveal any points of convergence among the experiences of others, who also share in a specific phenomenon, that can be generalized as patterns (Smith et al., 2009). Thus, ideography lends itself to the hermeneutic circle which posits that in order to understand any given part, one must look at the whole, and to understand the whole, one must look at the individual parts (Gadamer, 2004)

The IPA method (Smith et al., 2009) was selected as the most appropriate qualitative research approach to discover and articulate participants' experience in the Phoenix Project. IPA facilitates an examination of how Phoenix Project participants make sense of their experiences, on their own terms. IPA is a collaborative research approach that allows for greater understanding of participants' meaning making through expressing and examining their experiences to ascertain an "insider's perspective—but it states no single, closed *a priori*, theoretical assumption about how that insider's perspective may be interpreted" (Larkin, Watts, & Clifton, 2006, p. 114). IPA creates space for participants to share and reflect upon the experiences they believe to be the most relevant while allowing the researcher a window into a rich and nuanced examination of each research participants' experience.

Role of Researcher

The phenomenological aspect of IPA acknowledges and embraces a researcher's subjective experience and interpretation of subjects and subject matter as an inevitable and necessary element of IPA analysis. Rather than attempt to achieve neutrality or dissolution of

the researcher's lens, IPA seeks to identify and present the researchers point of view (Smith et al., 2009). This process acknowledges the unique co-creation of a phenomena by the researcher and the subject, through the interview process. As such, it is important to understand the context for the researcher, their biases, and experiences that may impact their interpretive process. Smith (Smith, Flowers & Larkin, 2009) further noted:

Making sense of what is being said or written involves close interpretative engagement on the part of the listener or reader. However, one will not necessarily be aware of all one's preconceptions in advance of the reading, and so reflective practices, and a cyclical approach to bracketing, are required. (p. 35)

As the principal interviewer for this study, the primary developer of the Phoenix Project, and having grown up in Bayview Hunters Point, this study had a particularly intense impact on me. The Phoenix Project represents the culmination and integration of my training as a clinical practitioner with my career experience as the founder and Executive Director of the Hunters Point Family, a non-profit, youth development agency in San Francisco's Bayview-Hunters Point community. My motivation to pursue a doctoral degree in psychology arose from a frustration at the lack of mental health services for youth impacted by complex trauma in Bayview-Hunters Point. During the course of my studies, I continued to study trauma, including its symptoms, treatment, as well as the associated qualities of resilience and grit. The Phoenix Project design was structured utilizing evidence-based practices in the areas of trauma, resilience, and positive ethnic identity for African American youth and young adults. Several psychological assessments that measure trauma symptoms, resilience, and self-esteem were completed by participants in order to utilize a common language of measurement within the academic and social sciences community. However, the experience of the participant, in their

own words, is the most authentic measurement of the program's impact. While I had confidence that the Phoenix Project model would prove to be a success, I was prepared to acknowledge the possibility that the program would only partially achieve its stated outcomes or perhaps demonstrate success in supporting participants in other ways not anticipated. I hoped and anticipated that Phoenix Project's unique program structure, informed by empirical data and best practices in the field of psychology, would result in decreased trauma symptomology, reinforced by an increased sense of resilience and grit, among participants. Upon analyzing the data, I found the "*how*," or the process by which these outcomes were achieved, to be the most revelatory outcome of this study.

Because I had a role in designing the intervention, I remained mindful of any bias and structured the study process to eliminate bias as much as possible. The Phoenix Project staff were responsible for screening, vetting, and selecting the study participants whom I interviewed for inclusion in the study. During the interviews, I was very careful to ask each of the questions in the interview schedule in a consistent manner so that I would not inadvertently or subtly lead participants to answer in a manner that they perceived to be more favorable. In order to ensure that I remained as objective and neutral as possible, I engaged in bracketing, where I immediately recorded my feelings, reactions, and intellectual processing after each interview in a study journal. I sent audio-recordings of my interviews with participants to Rev.com, a professional transcription service, to ensure that interviews were recorded accurately and completely. Upon receiving the transcript, I thoroughly reviewed them and paid particularly close attention to how I asked and worded questions and my responses. Overall, this process of bracketing helped to facilitate my objective processing and recording of the information contained within the interview and did not reveal any personal bias or other influences during the

interview. Before each interview began, I informed participants that the Phoenix Project staff would not have access to the interviews and that everything they said would remain confidential, in an attempt to remove any possible fears of reduction in services, bias, or retaliation from staff if participants reported negative feelings or perceptions about program staff.

As I am the Founder of the Hunters Point Family agency, many of the young people had a personal relationship with me or knew who I am. Some I had watched grow up from young teens to young adults; others I had only seen or interacted with briefly at agency events. Because of the intentional family-oriented culture of the Hunters Point Family, most participants expressed comfort with me as an interviewer and ease expressing themselves. I also felt a sense of familiarity and comfort with the participants. This dynamic facilitated an easy rapport and dialogue with most of the participants. All of the interviewees seemed eager and excited to share their views and experiences in the Phoenix Project with the “Big Boss” (i.e., me). As I explained my background in trauma research and the focus of the research study, participants appeared to be particularly motivated to share their stories and open to discussing their trauma as the interaction provided a witness to their pain as well as their strength and determination to persevere and thrive. In many ways, the interview dynamics mimicked the themes that emerged during the interviews as participants described how the Phoenix Project has impacted their lives. This familiarity with the youth and staff facilitated ease in setting up the interviews and accessing the archival data.

Setting

The Phoenix Project model utilizes an embedded social services mode for transitional age youth and young adults (18-27) in the communities that have the highest-identified needs. In San Francisco, those communities are mostly comprised of public housing within the Bayview-

Hunters Point (District 10). Within the last 10 years, there has been a concerted effort to rebuild and rehabilitate these dilapidated and underserved communities, both structurally and socially. HOPE SF is an initiative that includes a cross-sector effort of local city, philanthropic, and community-based organizations that collaborate in transforming Bayview-Hunters Point's largest public housing communities (Hunters View, Alice Griffith, Potrero Terrace and Annex, and Sunnydale) within San Francisco's District 10 community into environmentally and economically sustainable mixed-income communities. HOPE SF's (Learning for Action Group, 2014) goals are to: 1) Replace obsolete public housing with mixed income developments; 2) Improve social and economic outcomes for existing public housing residents; 3) Create neighborhoods desirable to low- and middle-income families alike; and 4) Generate the systems change necessary to promote and sustain the desired outcomes for residents, developments, and neighborhoods. The Phoenix Project represents the primary vehicle for achieving goals 2, 3, and 4 above for transitional age youth living in these public housing communities. The Phoenix Project study took place within the Alice Griffith public housing community, one of the HOPE SF communities. The Alice Griffith location was selected because it was the first Phoenix pilot site to launch in September 2017, and has established a solid structure, staffing, and services. Furthermore, the participants have had an opportunity to fully engage and receive the benefit of the services.

Bayview-Hunters Point has the most low-income individuals and families within San Francisco. While the median income for households with children in San Francisco is more than \$85,600, in public housing the median household income for families is about \$12,000 a year (San Francisco Planning Department, 2014). This income disparity belies significant barriers to achieving self-sufficiency because San Francisco has one of the most competitive housing and

labor markets in the world. Poverty is often multi-generational, so despite public housing's ostensible goal of serving as temporary housing for families through their transition to self-sufficiency, many families live in these communities for generations (Gerth, 2012). Although the City and County of San Francisco has a multitude of services specifically designed for low-income residents, many families living in public housing are not able to access these services since many public housing communities are geographically and socially isolated (Learning for Action Group, 2012).

The Phoenix Project's embedded model was designed to eliminate accessibility barriers and ensure that the target population can successfully utilize and maximize appropriate and effective services. Consistent with the IPA model (Smith et al., 2009), interviews were conducted in a familiar and comfortable environment within the Phoenix Project office, which facilitated ease of conversation and a sense of safety. The Phoenix Project study took place at the Phoenix Project office located on the ground floor of one of the three the eight-story buildings that comprise the Alice Griffith public housing community. Most interviews were scheduled during the early part of the day when there was decreased foot traffic to ensure privacy and minimal interruptions during the interviews.

Participants

The target population for the Phoenix Project study was a subset of the Phoenix Project's overall target population. Consistent with Smith and Osborn's (2003) suggestion to maintain a small sample size for IPA studies, a relatively small group of participants was recruited for this study. A relatively small sample size enables an idiographic concentration on the experiences and interpretations of each participant while allowing patterns of convergence and divergence to emerge; therefore, six individuals who had received services from the Phoenix Project were

invited to participate in the study. Although over 100 youth have been exposed to the Phoenix Project intervention, this study utilized purposive criteria to select six participants based on availability and representation according to gender, exposure to different types of trauma, age, and engagement with Phoenix Project staff. These criteria were applied to ensure that a representative sample of Phoenix Project participants were included in the study.

Recruitment

IPA methodology requires purposeful sampling, based on specific inclusion criteria to ensure a relatively homogeneous population who share a particular lived experience in relation to the research question (Smith et al., 2013). The Phoenix Project targets African American and Polynesian youth and young adults who live in the HOPE SF public housing communities. This study focuses specifically on African American youth and young adults. The sample population was a self-selected subset of the community, recruited by the Director of the Phoenix Project. Six Phoenix Project participants who met the following study inclusion criteria were selected by the director to participate in the project:

- (1) Have experienced community violence within the last eight years according to self-reports, including witnessing a shooting; losing a close friend or family member to homicide; being a victim of a violent assault; or violently assaulting someone;
- (2) Unemployed or severely underemployed, working less than 10 hours per week;
- (3) Ages 18-27;
- (4) Are English language proficient and literate;
- (5) Live in San Francisco's Bayview-Hunters Point community;
- (6) Self-identified as African American;
- (7) Have participated in the Phoenix Project for at least six months; and

(8) Received a baseline dosage of 40 hours of services over a three-month period.

I developed an informational flyer (see Appendix A) that was provided to Phoenix Project staff to distribute to youth who received services from the Phoenix Project. The recruitment flyer provided information regarding the purpose of the study and my role in the project. This model of recruitment by “gatekeepers” is suggested by Smith (2013) to “understand particular phenomena in particular contexts” (p. 51). I provided the Phoenix Project Program Director with a check list to determine eligibility, thereby ensuring that each participant met inclusion criteria for this study. The eligibility checklist was included with the data for each participant so that I could verify that all participants met inclusion criteria for the evaluation. The first six participants who met the inclusion criteria were selected to participate in the study. Once study participants were identified, I collaborated with Phoenix Project staff to secure a letter from the Phoenix Project Director that outlined my role/relationship to the project, and that clearly delineated that the Phoenix Project representatives would have access to the research findings, but that they were not entitled to the actual data.

Consent

The University of San Francisco’s (USF) Institutional Review Board approved this research study in September 2019. During the recruitment phase of the project, the Phoenix Project Director explained the consent portion of the research to each participant and allowed potential participants to ask any questions regarding how their information would be utilized and the purpose of the research. Before the face-to-face interviews, I presented each interviewee with a consent form (Appendix B) and explained to them that the interviews would be audio-recorded to accurately capture their words and for transcription purposes. The study participants were also informed that their names and identities would be changed to protect their privacy.

Additionally, participants were provided with a brief overview of the purpose of the research and were given an opportunity to ask clarifying questions. Written consent to participate in this study was obtained from all participants in accordance with the American Psychological Association's (APA) ethics and USF's Institutional Review Board policies and procedures. Each participant received a \$50 Visa gift card immediately upon completion of the interview to compensate them for their time and to offset any transportation related costs.

Procedure

Data collection. IPA methodology was utilized to guide the data collection for this study. IPA is designed to elicit participant voices to define themselves in greater depth and dimension and share their own perceptions about the strengths and challenges of the Phoenix Project. Because IPA's approach is focused on understanding the lived experience of a particular phenomenon, amongst a particular group of people, it is best suited to small sample sizes with semi-structured, one-on-one interviews. This format allows participants to develop rapport with the researcher, provides space to reflect on questions, and the opportunity to be heard. Semi-structured interviews are typically utilized by IPA researchers to provide some flexibility to participants to prioritize and express the specific ideas and point of view that they feel are most relevant, as opposed to the researcher rigidly adhering to their own agenda and circumscribed set of questions (Smith et al., 2009).

Interviews were scheduled for approximately 60-90 minutes to allow sufficient time for participants to thoroughly reflect upon, process, and share their thoughts on each of the interview questions. A semi-structured interview guide was used to conduct the interviews (Appendix C) in accordance to IPA methodology (Smith & Osborn, 2003). Questions were structured from the general to the specific, and prompts were developed to yield in-depth and insightful responses.

An opportunity was also provided for participants to share their perceptions about any information that they believed to be important that had not already been asked. Questions focused on themes such as the perceived purpose of the Phoenix Project, participants' experiences within the program, and if there have been any significant changes in their life as a result of Phoenix Project interactions and services.

Instrumentation

To provide greater context and understanding regarding the demographics and prior experiences with trauma and current psychological functioning of participants, I utilized archival data from the Phoenix Project, including intake forms, and the following psychological assessments: The Los Angeles Symptom Checklist ([LASC]; King, King, Leskin, & Foy, 1995; (see Appendix E) and The Philadelphia Urban ACEs (The Research and Evaluation Group at PHMC, 2013; (see Appendix F). The scores from these assessments were used to provide greater context by utilizing a standardized, quantitative measure of the constructs to guide the qualitative interviews with participants.

Upon joining the Phoenix Project, participants are required to complete several assessments within the first three meetings with Phoenix Project staff. Participants complete the assessments again upon participating in an additional 40 hours of program intervention. These archival data were provided to me, with participants' consent, to offer a more holistic view of participants and to provide standardized, quantitative data in order to compare and contrast assessment scores to similar populations throughout the country where the Phoenix model may be applied. Participants' experiences with trauma and other demographic data were measured by analyzing archival data that were collected and recorded by Phoenix Project staff at intake. Because not all participants had participated in over 80 hours of program intervention, a

comparison was not conducted to determine if the intervention made a significant quantitative impact on the domains measured by the assessments. The scores of the initial assessments completed by participants were used to better understand the context of the participants and in triangulating the data to further validate their experiences.

Demographic information. Upon enrollment in the Phoenix Project, all participants meet with a Phoenix Project staff person to complete an intake assessment (see Appendix G). During the assessment, the youth provide the following demographic information: age, last year completed in school, ethnic identity, gender identity, family constellation, history of system involvement (i.e. foster care, justice system), and employment status.

PTSD symptomology. The LASC (King et al., 1995) was utilized to determine if Phoenix Project participants had developed symptoms consistent with a PTSD diagnosis. The LASC is a 22-item self-report questionnaire that screens for psychological distress in response to trauma as well as safety issues (e.g., suicidal ideation). The LASC is well-researched and documented for its effectiveness with diverse populations and ages (Foy, Wood, King, King & Resnick, 1997). Scores from the measure range from 0-22, with higher scores indicative higher levels of symptoms consistent with PTSD. Data for the LASC were compiled from a variety of individuals, including Vietnam veterans ($n = 300$), battered women ($n = 123$), adult survivors of child sexual abuse ($n = 142$), women experiencing domestic violence ($n = 36$), psychiatric outpatients ($n = 105$), and high-risk adolescents ($n = 168$). When mean scores were compared across groups, results confirmed LASC's ability to identify PTSD symptoms. The LASC demonstrated high internal consistency and test-retest reliability (King et al., 1995). The LASC provides a base line for participants' experience of PTSD symptoms upon enrolling in the Phoenix Project.

Urban Adverse Childhood Experiences (ACES). The Philadelphia Urban ACES (The Research and Evaluation Group at PHMC, 2013) is a 22-item survey that screens for adverse childhood experiences. The Philadelphia ACES was developed in order to accurately capture and understand the stressors and traumatic experiences that are more common to low-income individuals of color who typically live in urban areas. The Philadelphia Urban ACES distinguishes between community and household indicators. Most significantly, the measure assesses respondents' exposure to more prominent urban stressors that have been experienced by the Phoenix Project target population, including witnessing violence; feeling unsafe in their neighborhood; feeling that people in their neighborhood did not look out for each other, stand up for each other, or could be trusted; and experiencing discrimination based on their race or ethnicity.

The Philadelphia Urban ACES was initiated by the Institute for Safe Families that formed the ACE Task Force to determine if there was a significant difference in adverse childhood experiences among the low-income communities of color in urban Philadelphia and the largely middle class White population (80%) of the original population of the Felitti et al. (1998) ACES study. The authors of the Philadelphia Urban ACES study sought to understand how those particular adverse childhood experiences were associated with growing up in an urban community and its impact on health behaviors and long-term health outcomes. Each question on both adverse childhood experiences assessments asks respondents to endorse or deny a particular experience that comprises the categories included for adverse childhood experiences. The final score represents the number of distinct types of adverse childhood experiences that each respondent has experienced. Higher scores are indicative of a higher level of exposure to distinct types of adverse childhood experiences. The Philadelphia Urban ACE Survey had response rate

of 67% with a total of 1,784 adult respondents. Results of the study indicated a significantly higher rate of adverse childhood experiences in the Philadelphia study (69% experienced one adverse childhood experience) compared to 50% in previous studies (The Research & Evaluation Group at PHMC, 2013). Over 20% (21.5%, $n=376$) of Philadelphia respondents experienced four or more adverse childhood experience compared to only 7% of the study respondents who reported four or more adverse childhood experiences from the original Felitti et al. (1998) study. Moreover, a significant number of adverse childhood experiences were related to community's trauma: two out of five adults (41%) saw or heard violence (e.g., saw or heard someone being beaten up, stabbed or shot while growing up); 35% experienced discrimination while growing up; and 50% of African American respondents experienced discrimination while growing up (The Research & Evaluation Group at PHMC, 2013).

The original ACEs study conducted by Felitti (1995) primarily consisted of middle class, White (74%), and educated (80% attended or graduated from college) respondents who utilized Kaiser health care services, which is indicative that these respondents had private insurance. Only 4.6% of the Felitti (1995) ACEs study were African American, and 11.2% were Latinx. By comparison, 44.1% of the Philadelphia Urban ACEs study (The Research and Evaluation Group at PHMC, 2013) were White, 42.5% were African American, and 3.5% were Latinx.

In general, respondents of the Philadelphia Urban ACEs study (The Research & Evaluation Group at PHMC, 2013) demonstrated higher adverse childhood experiences when compared to the rates of respondents from the original ACEs study (Felitti & Anda, 1995). In the Philadelphia Urban ACEs study, 21.5% of Philadelphia adults experiences four or more adverse childhood experiences compared to only 6.8% of respondents from the original Kaiser study. Furthermore, utilizing the additional adverse childhood experience indicators in the

Philadelphia Urban ACEs survey, the percentage of Philadelphia respondents who had at least one adverse childhood experience increased from 48.4% to 83.2% (The Research & Evaluation Group at PHMC, 2013). Similar to the original Felitti and Anda (1995) adverse childhood experience assessment, the Philadelphia Urban ACEs is scored by calculating the total points for each item that respondents endorse. A higher score represents a higher number of distinct types of adverse experiences.

The authors of the Philadelphia ACEs study (The Research & Evaluation Group at PHMC, 2013) found that certain traumatic experiences tended to be more common among the population studied, including witnessing violence, bullying, feeling unsafe in one's neighborhood, racism, and living in foster care. Questions capturing these experiences were included on the Philadelphia ACEs. Because Phoenix Project participants shared more demographic characteristics and life experiences in common with the study participants comprising the Philadelphia Urban ACEs questionnaire, this measure had more relevance for participants of this study.

Data Analysis

As Smith et al. (2009) recommended, I listened to each interview several times, making notations about any strong thoughts, feelings, or themes experienced while listening to the audio. Each interview was transcribed by transcription service and reviewed again to quality check them against the audio-recording to ensure that the transcripts were accurate. The specific steps of the IPA procedure, as delineated by Smith (2009), were used to analyze the data.

Step 1: Reading and re-reading the first transcript. I utilized the transcription service Rev.com in order to ensure a thorough and accurate transcript. I listened to the recordings of each interview to ensure accuracy and to experience and note the emotion, inflection, and tone

within each interview. Each transcript was read repeatedly, noting both the obvious and subtle meanings in each participant's responses. As part of the review of the transcripts, when appropriate, I bracketed initial observations and interpretations that emerged and recorded informal memos to document reactions and reflections.

Step 2: Initial noting. I uploaded each transcript as well as the audio recordings onto Dedoose, an online software specifically designed for researchers to analyze qualitative and mixed methods research. Dedoose utilizes encryption technology to ensure the data remains secure and easily accessible to the researcher. Dedoose is a particularly effective tool for organizing, excerpting, coding, and analysis of complex data. As I became familiar with the text, I highlighted and recorded observations and points of interest within each line of the text. In alignment with the IPA framework, I organized notes into three categories: (1) descriptive linguistics which included the obvious, surface level meaning of what the participant stated; (2) linguistic comments that analyzed the specific use of language by the participant; and (3) conceptual comments that analyzed the underlying meaning of participants statements.

Step 3: Developing emergent themes. After noting each transcript, I reviewed and reflected on the three layers of analyses to triangulate emerging themes and the most salient aspects of the participants' interviews. I explored convergent and divergent themes that provided important insights into both individual and common experiences within the Phoenix Project. I developed a set of parent codes based on the interview schedule. For each question, I developed a set of codes to capture the themes encapsulated within the responses. As the codes were applied, I noticed several sub-themes emerged. The structure of the Dedoose software allows "child codes" to be utilized to capture subthemes. As several themes and subthemes emerged in response to the interview guide, I began to drill down further to explore how those themes

related to the actual research questions. I developed another set of codes that incorporated the initial codes and added some new ones, to capture the data and the supporting excerpts to support each of the research questions. Utilizing this method, prominent themes emerged as well as outliers.

Step 4: Searching for connections among emergent themes. I examined the transcripts to determine if any significant themes emerged by documenting the frequency with which various themes emerged, consistency regarding shared sentiments related to the themes, and noted any significant outliers that may illuminate or provide further dimension. I grouped themes into chronological order and superordinate themes were identified to reveal both nuances and patterns among participant responses. The Dedoose software also has the capability to analyze data to determine if there are co-occurring themes to quickly identify where there is significant overlap among themes and/or subjects, and the frequency with which themes co-occur. These data were provided quantitatively within a spreadsheet format so that I could quickly observe and note the frequency and intensity of co-occurring themes.

Step 5: Moving to the next case. The process discussed in steps 1 through 4 were repeated for each transcript. Consistent with the IPA framework, I bracketed themes and conceptualizations from previous transcripts to ensure that each case could be experienced on its own terms and the unique themes and perspectives expressed in the transcript were allowed to emerge on their own terms.

Step 6: Looking for patterns across cases. After each transcript was thoroughly noted, analyzed, and categories of themes were noted, I sought to examine similarities in themes that emerged across participant transcripts to identify relevant patterns. I identified superordinate themes and nested subthemes across interviews and analyzed them to ascertain relevant

connections, convergences, and divergences. Once the coding process was complete in Dedoose, I created a chart for each spreadsheet that included each participant and the codes utilized for each research question. An “X” was placed within the grid where a particular code emerged that was supported by a specific excerpt from the interview. The charts provided a powerful snapshot of the number of themes that emerged for each participant and the frequency of each theme across participants.

Limitations

This study utilized the IPA method to provide a deeper understanding and analysis regarding participants’ experiences and perceptions of the Phoenix Project services and its impact on their lives. Consistent with the IPA methodology, this study utilized a relatively small sample size ($n=6$) to gather data and information. The Phoenix Project currently serves over 120 core participants on an annual basis, across four public housing sites within San Francisco’s Bayview Hunters Point community. This study focused on respondents from only one of those sites, Alice Griffith, as it was the first and most established site. Although the Phoenix Project staff made an effort to select a representative sample of participants according to age, gender, and types of trauma experienced, the study size and geographic location was limited. Therefore, the findings may not be generalizable to other individuals within the Alice Griffith public housing community or similar communities. Also, because the Phoenix Project outcomes are heavily dependent on the relationship between staff and participants, study findings may also be unique as a result of the particular staff at the Alice Griffith site. This study was developed in order to identify and articulate promising and effective methods to deliver services to young adults living in public housing communities who are severely impacted by trauma. Despite these limitations, it is my hope that an exploration of the Phoenix Project model and its impact on

participants will contribute to the wisdom within the field of psychology to better serve one of the most trauma-impacted and underserved populations in the country, African Americans.

Summary

This methodology chapter provided an overview of the research participants, the selection process, and description of the interview process. It also provided extensive contextual information regarding my background, as the researcher and my unique role and relationship to the Phoenix Project. The methodology for the study was discussed to provide greater context for the interview structure and process. In Chapter 4, I present a deeper exploration of this study's findings regarding the participants, their perspectives, and emergent themes. Finally, I provide an analysis to organize these themes and identify best practices for programs and services that can be replicated among similar populations across the country.

CHAPTER 4: FINDINGS

This chapter examines and analyzes the themes and underlying meanings that emerged from the semi-structured interviews of Phoenix Project participants to answer the study's research questions:

RQ₁: What is the type and severity of trauma exposure experienced by Phoenix Project participants?

RQ₂: What are strengths and qualities of resilience among Phoenix Project participants? How does the Phoenix Project enhance the strengths and resilience of participants?

RQ₃: What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes?

A brief demographic description of each study participant, accompanied by assessment scores, are presented in order to provide context and content about study participants. Prominent themes are defined and operationalized to thematically organize participant responses and reflections. Finally, a summary of the findings along with recommendations for serving similar populations are also presented so that this research may be applied to support ongoing efforts to provide similar services to young adults, living in public housing.

Participant Profiles

Each participant was selected by the Phoenix Project Program Director based on availability and eligibility according to the study guidelines. Participants' real names were changed to pseudonyms to protect their identity. As a condition of their participation in the Phoenix Project, all participants completed a program intake that included demographic information as well as several empirically validated assessments that measure various dimensions of mental health and functioning, as described in Chapter 3. As presented in Table 1,

all participants were: at least 18 years of age; identified as African American; residents of the Alice Griffith public housing community at the time of the study; experienced significant trauma within the last three years; and received at least a 40 hours of active participation (or dosage) in the Phoenix Project. After each 40-hour dosage and at least three months program enrollment, each Phoenix Project participant completes an additional set of the same assessments in order to determine if there had been any improvement or decline in any of the dimensions being measured by the assessments. Interventions are altered based on the results of these comparisons. This study utilized only the baseline data that participants completed within the first 40 hours of the Phoenix intervention. All data for each participant were stored on a Salesforce database, maintained by the Phoenix Project staff. The following is a brief snapshot of each participant, their demographic information, and their scores on the assessments they completed upon joining the Phoenix Project.

Table 1

Demographics of Study Participants

Participant	Age	Gender	Children	Employment	Education
Katrina	23	F	0	Part Time	Some College
Mike	23	M	2	Part Time	HS Diploma
Shauna	25	F	0	Part Time	HS Diploma
Montrell	25	M	4	Part Time	HS Diploma
Tiffany	19	F	0	Unemployed	11th Grade
Tyree	27	M	2	Fulltime	12 Grade
Mean:	23.67	50% F, 50% M	1.3333	Part-time	HS Diploma

Katrina. Katrina, a 23-year-old woman grew up in the Alice Griffith public housing community. At the time of the interview she was enrolled in community college and worked full-time at a local daycare. Katrina grew up in a household where she experienced intense domestic violence. Her mother and siblings suffer from mental illness. Katrina recently ended a long-term relationship when it became violent. When Katrina tried to leave the relationship, she was attacked and shot at by her ex-partner's family members. She was not hit, but the bullet ricocheted and hit another family member, causing injury. Katrina's overall Philadelphia ACEs score was 44. According to the Philadelphia ACEs assessment that she completed upon entering the Phoenix Project, Katrina has witnessed: her parent being verbally abused many times; a parent being physically abused; a parent being hit or cut with an object; violence a few times; she often missed or skipped meals due to financial constraints during childhood; she had been treated badly due to race/ethnicity; and had lived with someone who is suicidal.

Mike. Mike, a 23 year-old African American man was raised in and at the time of the interview was residing in the Alice Griffith public housing community. Mike is the father of two daughters, six months and three years old, and an active and engaged parent. Mike had a job where he has worked for the past six months, at the time of the interview. Approximately six years ago, Mike witnessed the murder of his older brother a few feet from his house. Mike's score on the Philadelphia ACEs assessment was 32. According to his Philadelphia ACEs assessment, Mike has spent time in foster care, he witnessed violence several times, and he sometimes missed or skipped meals due to financial constraints.

Shauna. Shauna, a 25-year old African American woman who was raised in and resided in the Alice Griffith public housing community at the time of the interview. She worked as a full-time Community Health Ambassador and she attended City College of San Francisco.

Shauna was raised in foster care. Her mother struggled with addiction while Shauna was growing up and eventually died due to health complications. Shauna is close with her siblings; however, she is often stressed due to her brother's life sentence in prison. Shauna's score on the Philadelphia ACEs was 37. According to the Philadelphia ACEs assessment, Shauna lived with a formerly incarcerated person, had witnessed violence several times, was often been treated badly because of race/ethnicity, an adult has made her fear that she would be hurt, and she had lived with a problem drinker.

Montrell. Montrell, a 26-year-old bi-racial (African American and Puerto Rican) man was raised and at the time of the interview resided in the Alice Griffith public housing community. Montrell has three children and a pregnant partner. Montrell works with the Phoenix Project as a Peer Leader. He has been a part of the Peacekeepers program, the predecessor program of Phoenix Project, since he was 12 years old. He had survived several traumas, including being shot several times, witnessing several homicides, incarceration, and the death of his father at 13 years old. Montrell's score on the Philadelphia ACEs assessment was 41. According to his Philadelphia ACEs assessment, Montrell has lived with an incarcerated person, someone who was depressed/mentally ill, a suicidal person, a problem drinker, and a drug user; witnessed violence many times; he was often been treated badly because of race/ethnicity; and was pushed/grabbed/shoved/slapped by an adult.

Tiffany. Tiffany, an 18-year old African American woman was raised in and was residing in the Alice Griffith public housing community, at the time of the interview. She was in the 12th grade and worked during the summer when she is out of school. Tiffany had experienced multiple friends and family members being murdered in 2019, and still struggles from the impact of being raped when she was 13 years old by a family friend. Tiffany's score on

the LASC was 37. Tiffany was in a serious accident; she witnessed an accident; someone in her family being slapped, punched, or hit; someone being beaten; and someone being threatened with a gun; and she lived with a family member with a serious illness.

Tyree. Tyree, a 26-year-old, African American man was raised and was residing in the Alice Griffith public housing community at the time of the interview. Tyree has two children and a girlfriend who was pregnant with his third child. Tyree works for Amazon doing grocery deliveries throughout the Bay Area. Tyree was recently released from prison for conspiracy to commit murder. He had witnessed several homicides and been the victim of violence. Tyree's score on the Philadelphia ACEs Assessment was 37. According to his Philadelphia ACEs assessment, he had lived with a formerly incarcerated person, witnessed violence many times; he was often treated badly due to race/ethnicity; and lived with a depressed/mentally ill person, a suicidal person, a problem drinker, and a drug user.

Semi-structured Interview Findings

This section examines participants' scores from some of the assessments administered by Phoenix Project staff in order to gather information regarding their exposure to adverse childhood experiences, symptomology that is consistent with PTSD, and level of resilience. Although this is a qualitative study, scores from these assessments are included in order to provide a greater context and insight into the experiences of participants. The scoring and collection of this data was not rigorous or consistent enough to include as part of a mixed method study; thus, the scores from these assessments are included to provide another layer of descriptive data about participants to provide greater context for the qualitative study. The findings for each of these assessments are organized under the research question that corresponds with the data measured by the various assessment tools.

A Community Based Participatory Research (CBPR) lens was utilized to develop the research questions and report the results. CBPR is a collaborative process that involves community stakeholders at all phases of the development and implementation of the project (Ritas, 2003) and is guided by the following principles (Israel et al., 1998): Recognizes community as a unit of identity; Builds on strengths and resources within the community; Facilitate collaborative partnerships in all phases of the research; Integrate knowledge and action for mutual benefit of all partners; Promotes a co-learning and empowering process that attends to social inequalities; Involves a cyclical and iterative process; and Disseminates findings and knowledge gained to all partners.

The CBPR approach was utilized for this study due to its emphasis on identifying relevant research questions, community needs, and the development of strategic approaches that are accessible and meet the needs of those impacted by the project (Minkler & Wallerstein, 2003; Springett & Wallerstein, 2010). CBPR's emphasis on action and tangible results is consistent with the project goal of providing a useful resource for the project's target population and to ensure the validity of the approach so that it may be applied in similar environmental contexts nationally. Consistent with both the CBPR and IPA framework, the language of the participants are utilized for section headings and response categories, in an effort to maintain the integrity of the message and the voices of the participants.

Research Question 1: What is the type and severity of trauma exposure experienced by Phoenix Project participants?

As the Phoenix Project was specifically designed to be effective for young adults who had experienced trauma and/or multiple adverse childhood experiences, it was important to understand the severity and types of traumas experienced by participants. Although this is a

qualitative study, scores from the Philadelphia ACEs and LASC are presented in order to provide a context for participants' experiences. According to archival project data collected for Phoenix Project participants for this study, all have faced adverse childhood experiences. Though this study is limited to six respondents, all have experienced significant trauma and an elevated number of adverse childhood experiences that exceeds the average number of adverse childhood experiences by even high trauma urban areas such as Philadelphia. Furthermore, during interviews almost all participants reported additional trauma that was not fully captured through archival assessments because they were not included as a category. For example, all the study participants reported either witnessing a homicide or having a close friend or family member killed (see Table 3). Examination of the archival data revealed that participants had experienced a diverse range of adverse childhood experiences. However, upon being asked about the types of trauma participants experienced, all reported some type of exposure to violence with a particular emphasis on homicide.

Study participants scores on the Philadelphia Urban ACEs ranged from 32-44, with a mean of 38 and a median of 37. These scores represented a range of three to seven urban adverse childhood experiences by participants, with a mean of 5.15 urban adverse childhood experiences amongst participants of this study. These scores are comparable to the recipients of the Philadelphia Urban ACEs study participants, where 37.3% had experienced four or more adverse childhood experiences and are in stark contrast to the 21.5% in the Felitti and Anda study (1995). The scores of study participants, on the Philadelphia Urban ACEs confirm and validate the importance of utilizing an appropriate measure that was developed specifically for similar populations, such as those of the Phoenix Project, that share many of the unique experiences of low-income, urban, African American communities, throughout the country.

Although the number of participants in this study are too low to draw significant conclusions regarding the prevalence of adverse childhood experiences among the entire population of Phoenix Project participants, these scores demonstrate that Phoenix Project participants have experienced significantly high numbers of adverse childhood experiences when compared to respondents of the Philadelphia Urban ACEs study.

Almost all of the participants in the Phoenix Project study reported a wide range of severe and long-standing trauma that started in childhood and continued throughout their adult lives. The trauma they experienced can be defined a set of circumstances, experienced both emotionally and physically, that was harmful, and, in many instances, life-threatening with lasting adverse effects on the mental, physical, social, emotional, or spiritual domains (SAMHSA, 2019). Although adverse childhood experiences and trauma can be a causative factor in contributing to symptoms consistent with PTSD, each individual's response to trauma varies according to their disposition, life circumstances, support system, and other factors (Sareen, 2014). The Los Angeles Symptom Checklist (LASC) is one of the assessments that all Phoenix Project participants complete upon joining the program and at pre-determined intervals throughout the course of their participation in the program. The LASC scores for study participants were collected in order to provide an empirically validated tool to measure the trauma symptomology among participants. There was a broad range of scores of Phoenix Project participants for the LASC, from a low of four to a high of 35. A higher score indicates that the individual suffers from more symptoms associated with post-traumatic stress disorder, while a lower score indicates the individual has experienced less distress from these symptoms.

Table 2

Study Participants' Philadelphia ACEs & LASC Scores

Participant	Philadelphia ACEs Score	LASC Score
Katrina	44	8
Mike	32	4
Shauna	37	19
Montrell	41	28
Tiffany	37	35
Tyree	37	14
Mean:	38	18

Tiffany had the highest score of all study participants on the LASC at 35. Interestingly, this score is in the range (35-38) of women who have been sexually abused and/or battered (King, King, Leskin, & Foy, 1995). As Tiffany had experienced rape by a trusted family friend, within a year of participating in the study interview, this score is consistent with others who have experienced acute stress resulting from a sexual assault or rape. Mike had the lowest score at four. This score was significantly lower than the scores reported in studies that measured the LASC scores among high-risk adolescents with a mean of 12 and 21 respectively (Burton, Foy, Bwanausi, Johnson & Moore, 1994). Mike also scored the lowest among all Phoenix Project participants on the Philadelphia ACEs with a score of 32. Montrell had the second-highest score on the LASC at 28. This score was also consistent with the mean scores of victims of childhood sexual abuse, battered women, and psychiatric patients. It was slightly higher than the mean score for high-risk adolescents (21 and 12) and significantly lower than the mean score of 49 for PTSD positive Vietnam veterans (Leskin & Foy, 1993). Tyree and Shauna also scored in the mean range for high risk adolescents with a score of 14. Perhaps the most interesting score of Phoenix Project participants was Shauna. Shauna scored the highest on the Philadelphia ACE's

(44) but had the second lowest score for the LASC at eight. This score indicates a high level of adverse childhood experiences with low trauma symptoms, thereby suggesting that Shauna has a high level of resilience. The wide range of correlations between participant's scores on the Philadelphia ACEs and the LASC indicate the differing levels of resilience among and between participants. Some of the participants who scored among the highest on the Philadelphia ACEs assessment scored among the lowest on the LASC; thus, a participant's exposure to trauma is not necessarily directly correlated with their experience of trauma symptomology. This pattern of high scores on the Philadelphia ACEs, juxtaposed with lower LASC scores may indicate higher levels of individual resilience. Similarly, lower scores on the Philadelphia ACEs coupled with higher scores on the LASC, as in the case of Katrina, may indicate lower levels of resilience.

Witnessing or close association to victims and/or perpetrators of homicide was, by far, the most frequent and pervasive traumatic experience that emerged in the interviews in response to the questions designed to ascertain the type and severity of trauma experienced by participants as represented below in Table 3.

Table 3

Traumatic Experiences of Study Participants

Participant	Types of Trauma			
	Witnessed Homicide	Close Friend/Family Member Killed	Been Shot/At	Incarcerated
Katrina	X		X	
Mike	X	X		
Shauna		X		
Montrell	X	X	X	X
Tiffany		X		

Tyree	X	X		X
Total	4	5	2	2

While each participant expressed a slightly different response to the violence they had experienced, all revealed an ongoing and intimate experience with violence and resulting death. Tiffany for example, described her experience of attending four funerals of close friends and family members within a month:

I've been to four funerals in one month. People really dropping like flies. Family and cousin. My cousin he recently got killed on Quesada. My mom be like, 'Don't be going to Third (street)'... Yeah, going to funerals back to back. I ain't never been to stuff like that. It's crazy.

While Tiffany expressed some shock at the level of violence, Montrell expressed a particular level of desensitization to the trauma that he experienced:

I mean, I done see my friends and them get killed before. I've been shot by two separate people, on two different occasions. A lot of stuff don't surprise me. Somebody can get killed right here in front, and I'd be like damn that's fucked up, I won't just be like, wow how did this happen, I'd just be like damn.

Although Mike has also intimately experienced violence and the impact of violence, he had not experienced desensitization. He utilized his traumatic experiences to motivate himself to create a better life for his children.

Um, I watched my, I can say one, I watched my close friend of mine get killed in front of me, stuff like that you know... And then uh me, like my brother getting like life, so yeah...that's kind of trauma. Um, honestly, I have kids, so, I have to be strong for them.

Life goes on. I ain't desensitize to it because it hurts, but I'm not going to make excuses for everything that's going bad about it. I just keep it forward, keep it pushing.

Katrina shared her experience of being shot at by her boyfriends' family members shortly after she got a restraining order against him to prevent further instances of domestic violence:

I was in a relationship with a guy for eight years...Um it didn't work out but we moved in together last year in February, it was all fun at first, but then everything started to go left, he started getting abusive. Um, I decided to get a restraining order. Once I decided to get a restraining order his family attacked me, physically. Um, they tried to shoot me, but they missed and hit the ground.

Tyree also shared how he utilized his experience with violence to motivate himself to transform his life to avoid further violent experiences and gain a sense of normalcy. In the interview, he discussed his "little sister" who was murdered:

Yeah. My little sister. I mean she ain't my real, but she my little sister. That was like my mini me for real. And I talked to her the day she died. It's a cold crazy world. That's what really fucked me up. I was in the Feds. I talked to her. I just told her I cut my hair too, because she had her hair cut like this too. Waves, tails, she had my long dreads and shit. Talking to her. She was like, Man, I don't want that street shit, I'm like, no I'm cool. Fuck that shit. I can't do this no more. It ain't even the fact of being in here, you feel me? I said it ain't even the environment in here. The fact that being here. I can't live like this, you feel me? Everyday. I said this shit like *deja vu* in here, every day, everybody doing the same shit. I can tell you where a person going to sit, what he going to do, every single day, at what time everything. I'm like, I can't do this. Feel me? I'm cool with that street shit. That shit's over for me. I'm done!

Shauna also shared in a very matter-a-fact way her experience with having a loved one who was shot:

My dad, that's another one role model because he's been shot seven times and kept it pushing, has four bullets still in him. He's not supposed to be outside, but still outside in the rain. Still going to work, that makes me strong, like I can pick myself up...

Tiffany shared her experience of being raped by her friend's father, who was also a close family friend.

I've been last year, the month of January, I was at my friend's house in this building. We came from the movies. It was late. We was on Muni and basically her dad was a druggie. And I wasn't looking at her dad as that, I was looking at him as an uncle. When we were living up the street, in the old Double Rock, my dad used to take his kids to school every day, with my younger siblings. We was like tight, like family. Like they, if we got something, my dad got the money and there's not there he gone get them. He'll treat them as his kids and vice versa. So basically, long story short, we came from the movies one night and my sister and them was asleep. I got up. I felt something that wasn't right, I don't know my symptoms. Just follow my first mind. I got up and went to the bathroom and sat there for a minute. Something kept saying in my head to get out of that house. Get out that house. What's going on like. As soon as I come out the bathroom that feeling just stopped. Just paused. I'm like, I know I'm not tripping. I know I'm not tripping. I see him walk past, but I'm thinking I'm trippin', so I opened the door again and see a shadow at the door. But mind you, its hecka dark, so I turn the flashlight on in my phone and he's standing right there in his boxers and shirt off. I'm like okay, "What is you doin?" He was like, "I've been waiting a long time for you to

turn 18” and starts grabbing me and touching me and stuff I must’ve screamed. I called my dad. My dad filed a police report and everything like you know was just crazy. Like, people actually to this day ask ‘how do you keep pushing?’ and “how do you not let this bother you?” I said, I ain’t going to lie, but after that happen, I did let it eat me up. I was skinnier than this, that’s why brother is like I’m happy to see you got your weight. I was like a toothpick, I was almost in a size 2, now I’m in a size 12. I was stressing. I was not eating. No water, no nothing. I was starving myself in school. He’s like, ‘sister come on just eat,’ then my mom she broken down crying . . . I go to church, my grandma is Christian. Just pray to that man upstairs and ask for forgiveness, Lord forgive him for what he know that he not doing. I just give it to the man upstairs. Like my grandma say, everyday keep it every day in my head and in my heart. Let go and let God, and that’s exactly what I did from there on. I’ve been pushing doing me and stay on a narrow path. I’m like I’ve been through enough, I done experience trauma. I’ve done seen it and this [is] the first time trauma actually happen. Mostly visual, we’ve seen it. People have been witnessed to it. So, I was like, when it happened to me, now I can see what other people go through. But one thing I’ll tell somebody else that’s been through trauma or what I’ve been through is don’t let trauma hold you down. Keep pushing, because at the end of the day, that just going to bring you down. You just going to start turning weak, and you know that’s not me to turn weak.

This section examines Research Question 1 to reveal that every study participant had experienced severe trauma primarily related to community violence. Almost all had experienced the murder of a close friend or family member and most reported being the victim of a violent act. Each participant revealed that they utilized very different strategies to cope with this

reemerging theme in their lives. Some of the respondents adopted an almost detached and resolute attitude, while others use the omnipresent threat of losing one's life to motivate them to pursue goals that would facilitate their distance from "street life" to secure a safer, more predictable existence. Unfortunately, none of these young people have the privilege of not contemplating or contending with the reality of violence and homicide. All of these youth have been forced to develop a philosophy and a strategy to cope with the pervasive violence. The next section examines the resources and strategies study participants utilize to process painful and destabilizing experiences, to strengthen and reinforce their psychological structure to overcome challenges and remain hopeful about their future.

Research Question 2: What are strengths and qualities of resilience among Phoenix Project participants? How does the Phoenix Project enhance the strengths and resilience of participants.

The construct of resilience is an indicator of coping ability that is activated when an individual is confronted with intense physical or emotional stress (Luthar & Cicchetti, 2000). Resilience has been shown to buffer the effects of ACEs, childhood trauma, and depressive symptoms (Poole, Dobson, & Pusch, 2017). An analysis of interview responses revealed that common themes emerged among most participants that indicate source and maintenance of participant's resilience. Table 4 provides a snapshot of the most prominent themes that emerged from participant interviews related to the resilience among the study participants. The first themes capture individual qualities and sources of participant resilience, while the last theme answered the second part of Research Question 2, which examined how the Phoenix Project enhances the resilience of participants.

Table 4

Dimension of Resilience of Study Participants

Participant	Resilience Themes			
	Keep Pushing	Shining for Us	Don't get Caught Slippin'	Phoenix got my Back
Katrina	X	X		X
Mike	X		X	X
Shauna	X	X	X	
Montrell	X			X
Tiffany		X		X
Tyree	X	X	X	X
Total	5	4	3	5

Keep Pushing

Despite being confronted with death on a daily basis, almost all of the participants maintained a keen and focused eye on their future and expressed a dogged determination that better days are coming. The most dominant theme that emerged related to resilience was “*Keep Pushing*.” This theme referred to the participant’s making the choice to focus on the possibilities for the future, in spite of and in some cases because of, their traumatic experiences. Participants described how they consciously focused on not making mistakes they made in the past, increasing their education, becoming gainfully employed, and creating a better life for themselves and their children. For example, Mike shared that even though he had been facing challenges to secure employment, he maintained a vision of a better future if he kept pushing himself to stay focused and positive; moreover, he feared a more frightening vision of the possibilities that await him, if he did not.

I'm not going to say that something happens every day, but using the techniques just some like, right now I'm at my job I'm at, I don't like it, so that can be like you know, like, I've been filling out job applications for a while now, like six months now. Due to my record no one will hire me or been accepting me so...but I look at, like I said, if I go back and do this for money that can happen, so I'm just going to you know keep the job I got and if something going to come my way eventually so...(Mike)

Shauna's experience of transformation into a more focused student and becoming less interested in hanging out in the neighborhood, were not always positive. Despite the challenges, she still found a tremendous amount of motivation and pride in staying committed to her path:

I feel like I'm changing into something else and a lot of people notice it so they kind of, a lot of people don't want to be around me because they see like the change like I don't have time to hang out anymore . . . I'm on a whole different level now so a lot of people don't like that when they see you changing . . . they say, 'oh you think you're this, you think you're that' or you know people, people don't like when you're changing. And I felt like, and I come from . . . I really have the best of both worlds, my granny I stayed with her. We were in Foster City, San Mateo county I went to high school there, I graduated from San Mateo High. I straighten up. Like, middle school and stuff, I was off the hook and then when I started getting older, I was like I need to graduate I'm not going to start not caring and stuff. (Shauna)

Tyree shared a spiritual epiphany he had to change his life for the better. He stated:

I got bumped in the head so many times. Like I said, I got attempted murder in the feds. I've done bumped my head too many times, but it's signs that showed me that I am supposed to be here though, so that's what, you know what I mean? had me trying

something new. Like I am having proof, like God gave me real signs like [he] loves me. Like ‘like dude stop, stop.’ For real, I swear. I don't know if he ever show a person how real he is like through the things that he do, but he made me a believer long time ago. Long time ago. It's crazy though, the way he did it, I didn't have to pay attention really. It was blatantly, like ‘dude, I'm right here, like I got your back.’ So, it was up to me to try something new, like I said, time to cut my hair, I've been growing my hair for 11 years, cut it. I mean I just got a whole new mindset, approach everything different. Just try something totally different.

Shining for Us

Another dominant theme that emerged related to resilience was “*Shining for Us*.” This theme refers to participants resisting the impulse or drive to succumb to a state of shock, disassociation, or disengagement in response to trauma, and maintaining a future facing focus that included ongoing engagement with friends, family members, employment, and other life responsibilities. When asked about how they coped or healed from trauma, most participants reported feeling an obligation or motivation to demonstrate strength for loved ones. Mike reflected that his children prevented him from dwelling on the tragic things that have happened to him in the past to focus on being a strong father for them:

Um, honestly I have kids so, I have to be strong for them. Life goes on, you know. I ain't desensitize to it because it hurts, but I'm not going to make excuses for everything that's going bad about it. I just keep it forward, keep it pushing.... A few years back, I was everywhere running the streets and stuff, but I got a daughter of three and one that's six months. Since I had them, that kind of changed me and plus me losing my cousin in front of me, that kind of like changed me. And then for the tactic I use, just keep pushing

forward...just keep pushing further basically. Instead of being discouraged I'm still here around, so it could be worse.

Tiffany shared that even though she struggled with the devastation of being raped, experiencing the empathetic pain of her mother and the stress of her sister, motivated her to begin the healing process. She narrated:

Be strong for my little sister, because she was there the night that it happened. So, it's like I don't want her to see me like this and I damn sure don't want to see anything happen to like that . . . I was like yeah, people just need someone to talk to because at first. I just balled up inside. My mom was the crybaby for me. I had no affection, like I'm not going cry. Like, I'm going to be strong. But you know, as a mother, you going to not want your child hurting. She going to hurt regardless. That's my mom. She's going to hurt. But, I'm like, 'Mom, I'm okay, I'm okay. You're okay. Let's get on the ball together. I'm good, I'm going to push through this. If I can do it, you can do it.' I just think I could push through it because I have strong people around me. And people with positive energy and just feedback that helps me get through day by day. That's just what I've been doing, is taking it day by day.

Tyree reflected on how losing his best friend to murder, while he was in jail, gave him the motivation to change his life as a tribute to her life:

I kind of got over crying by talking about it. The more I talked about it, the more I felt like, you know what I mean? Now I'm more sure of myself, I will come home and do the right thing. Coming home... That really calmed me, helped me. My mindset was already on doing good, you know what I mean. I'm like, man I'm going to come home, I'm going to shine for us, you know what I mean? So, I started thinking about the

possibilities of everything going wrong. Me going to jail, me getting shot, or me doing something and still going to jail. You know what I mean? So, I was like, I'm cool. But that made me really just stop crying. I go like two days. I still get sad, but I don't cry no more.

Don't Get Caught Slippin'

Study participants shared several other ways in which they cultivated resilience that revealed the internal processes that allowed them to use their experiences as assets, rather than obstacles. "Don't get caught slippin'" is a term that refers to remaining vigilant and not repeating common mistakes or lapses in judgment that can make one vulnerable to serious consequences such as homicide or imprisonment. "Don't get caught slippin'" emerged as a prominent theme, as participants reflected on their coping skills. This theme refers to participants' conceptualization of their challenging experiences as a warning detection system to prevent them from engaging in previous maladaptive behavior patterns. In discussing how they learned from their previous mistakes, participants often made references to others who are still engaging in behaviors that are counterproductive. Several participants referenced family members warnings about the consequences of poor choices and becoming more aware and accountable for "doing the right thing." In describing how he learned from his mistakes, Mike reflected on others in the community who have not been able to escape the lure of fast money and the fast life:

And then knowing that I need to learn from the mistakes that they made . . . Yeah, the past, when I went to jail and all that stuff. I use it as a motivational thing. Just to keep moving forward and like if I'm thinking about doing something wrong this can happen. If I continue, I can end up like them.

Shauna also reflected on her former lifestyle, and how she overcame her circumstances and her family's expectations of her to achieve a lifestyle that she is proud of. Shauna shared:

I grew up around like family and stuff they expected me to be somewhere else, pregnant.

I'm 25 years old with no kids - they expected me to be like on drugs, I don't know where they expected me to end up, but I came out of that.

Tyree articulates how he harnessed his dissatisfaction with the consequences of his lifestyle and decision making, to inform his new life and keep him motivated to keep striving for a better future:

I was facing life at 17, you know what I mean. For me just to be here and that trauma to be in the back of my head, it more so [is] my push to be on the other side . . . Yeah, there's no point in going back now. It's like I can go back to doing what I was doing, and seeing no results, struggling, possibly going back to jail or just keep doing what I was just doing, and missing all these shootings, and I mean I'm always at work when everything going on, and my check coming consistent. I take care of business. That's like me. It's a no-brainer. It's a no-brainer.

They Got My Back

“They got my back” refers to the feeling that Phoenix Project staff are truly committed to their well-being and will alert them to any dangers and potential challenges that participants may not be able to see themselves. This concept alludes to the feeling of deep trust and confidence that staff are truly looking out for their well-being. Among the most common themes that emerged during interviews was a deep sense of care and trust among Phoenix staff and participants that resembled familial relationships. Indeed, many participants described their relationship with Phoenix staff in familial terms and utilize the title “Brotha” or “Sista” when

referencing staff. This element of the Phoenix Project is not coincidental or unintentional. Although the Phoenix Project encompasses many unique program features and services, it was built upon the foundation of its parent organizations, the Hunters Point Family. The Hunters Point Family utilizes an “extended family” model (Miller, 2014) which builds upon the collectivistic culture of the Hunters Point community. The extended family model is a cultural legacy that is common to many African American communities, where a support system is built among blood-related and non-blood related members of the community, and where members relate to each other and function as a family unit (Boyd-Franklin, 1995). Hunters Point Family’s extended family model intentionally builds relationships with parents and caretakers of participants form an alliance and partnership to raise and support youth. This model respectfully acknowledges and honors the role of parents and caretakers in the lives of their children while recognizing the challenges of raising children in an environment with limited resources and multiple challenges. This extended-family model resonated throughout the interviews with respondents who frequently made reference to their experience of authentic love and care for them that is expressed in their interactions with Phoenix Project staff.

Shauna described how knowing that she has a place to process the events of the day and trusting the feedback she got from Phoenix staff had given her the security and motivation to change her thought processes and actions:

But I like the Phoenix Project, it helped me a lot because it helped like if I’m irritated, I go straight to [*staff name omitted*]. Like if I’m irritated about anything or if I feel uncomfortable about something, he helps me all the time. Like he helps me relax, figure out a plan, how I’m going to get there . . . and like I write poetry too. I’m trying to get back into that because that’s what has helped me calm down too. So right now we’re

working on like trying to get back into that too and so the program helped me and that's why I joined the program because he told me about it and things about it and I do want to change.

Montrell shared that the "relentless outreach" component of the Phoenix Project helped him to feel connected and motivated him to strive for better life outcomes. This is similar to a parent's undeterred and insistent insertion into their child's life in an effort to ensure they are safe and making good decisions. He shared "And then try to push you to a positive alternative at the same time. Will call your phone, will pop up where you at, you know what I'm saying?"

Mike revealed that his trust of Phoenix Project staff care intentions for him, along with their credibility encouraged him to evaluate his choices and their impact upon the course of his life.

Knowing them, I heard their experiences versus mines, there's like, people's situation can be worse. You know, they have a lot of good advice for me, you know. They've seen a lot of people pass away, so you know . . . just keep my head on straight you know. Um because, I know because, like I said they've been around here. It ain't like it's a random person from the suburbs saying oh I do this, whoop whoop . . . because of course you're going to listen. But you aren't going to listen all the way. They ain't been through what you've been through . . . but them, they seen it all. They been through a lot. I think they will have a better chance at changing somebody then [sic] anybody, like you know or just a regular person from college or something . . . Talks I have with [*staff name omitted*] like really motivates me to push harder.

Tiffany described how having a long-term relationship with Phoenix staff where she felt truly cared for and held accountable was the impetus she needed to eventually stop making poor decisions and change her life around. She stated:

Once you get a good opportunity and you find sources like that, use them! Don't take advantage of them. You know, really use them like just don't use them cuz they're there, use them if you really need help is what I want to say. They help you and I'm a witness they help you, because [*staff name omitted*], he know about me. Brother knows some stuff and brother knows what I've been through to get back on the road I need to be. But, I'm really grateful for the Phoenix Project because I don't know where I'll be right now, to be honest, or what I'll be doing at this point. I can't speak. I know I'll probably be doing something I shouldn't. But that Phoenix Project, boop, put a stop light on that. Like sister said, we going to bring you up. That's good having this type of support in your community. Especially in the Black community. Kids, now that's the problem . . . Kids nowadays feel like they don't have that support system, just because you like in the ghetto, no one cares about you, 'Oh, I'm Black no one cares about you.' That's not true. It don't matter what race you is, everybody cares about you.

Tyree also expressed that he derived great benefit from the support and feedback of Phoenix staff. He shared a particularly powerful story of how reflection on his talks with Phoenix staff eventually helped him to reconceptualize his life so that he no longer participates in dangerous activities and resulting incarceration. He stated:

I feel like for example, I be having times where I see people hit licks, counting up thousands of dollars, had my mind set on, 'man why I can't do that?', 'I got kids.', 'I deserve it', but at the end, having talks with [*staff name omitted*], he shows you that fast money goes fast. Everything from fast money comes fast, you know what I mean? Like everything. So, a talk with him, basically will reset my whole thought process and now that I already experienced what he told me, now it's like . . . like I ain't got no job right

now, you know what I am saying? A talk with him right now, will have me like, I know my next job is coming and is going to be higher paid. Just like I had at my last job working for Hertz. I was getting \$15.00 dollars an hour. I was talking to him about that, getting a better job, talking about getting a better car before a [sic] had a car and everything. And now I'm getting a call for a job for \$19.00 dollars an hour. These little talks, I think just keep my perspective leveled out, which have me on the path that I am on, that keep me on the path that I am on. Because without these talks, I feel like one of these days I might just go ahead and go on try my luck, and I know my luck ain't that good. I'm always in jail right. At this moment, I'm really tired of trying my luck. So, I just feel like these talks be getting me to reset my thinking, because my thinking do switch sometimes that's not, I don't know. But that right there, that one subject basically put me in perspective [on] a lot of things. He also had another little session where he was talking about tests and challenges. He built a mountain and basically, he had little trails and you're going to come across a lot of tests and challenges. As he was saying that, when I came home this time, I also [was] in a halfway house and stuff, I was going through that. I was going through that. And I pointed it out, I be pointing them out to him, and he like, 'oh yeah, you going to point?' Basically, like he knew what I was talking about. And it's crazy how you just put that into perspective because both of the tests and challenges, I end up coming out good by just remaining, sticking to script. Basically, not going back to my old ways. Then so that just really made me start continuing doing what I'm doing basically. Doing good. (Tyree)

The common theme throughout these excerpts was that the care, time, and reflection of Phoenix staff provided youth with the accelerant they needed to ignite their internal resources

and resilience to transform their lives. Participants expressed an implicit sense of trust that, like a parent or close family member, Phoenix Project staff truly cares for them and is guiding them in a direction that will ultimately be beneficial. Each participant shared a slightly different way this dynamic manifested for them; however, all referenced the dynamic of being seen and their experience of unconditional acceptance that motivated them to begin making decisions that would result in better life outcomes. The theme of better life outcomes or looking toward the future was equally as prominent among participant responses to questions regarding coping mechanisms for trauma.

Participants mentioned other contributing factors to building their resilience; however, their connection to other people was the most prominent. Some of the less-frequently mentioned themes included compartmentalizing, hobbies, prayer/spirituality, support from family, gratitude, and helping others. Montrell expressed the most desensitization to violence; however, he also was the most committed to helping young people in his community. He described with great pride how he worked with Phoenix Project staff to chaperone field trips for youth and how he was instrumental in helping to set boundaries. He stated:

Jobs basically or just community help like if they need help chaperone these boys maybe I can help take them places that I go. They don't have to pay me . . . yeah. I've been doing that since . . . up there with [staff name omitted] . . . He'll always say, 'Man I need you to um take these kids to Whitewater rafting you know they're out of control' and I'll go . . . they ain't finna be doing all of that . . . stop that. [Staff name omitted] will tell them stop one hundred times and they'll still be doing it. You know what I'm saying? It was like, I just had to put [Youth name omitted] out because he was yelling at the lady

and I was like, ‘go!’ he was like ‘alright’. Get up out of here don’t be yelling or disrespecting her for what, you know what I’m saying?

What was perhaps most striking about almost all study participants, was that they described harrowing experiences in a very matter of fact manner. Unfortunately, in the Alice Griffith public housing community where the study participants resided, their experiences are not unique or uncommon. These youth do not have the luxury or the privilege of becoming immobilized by fear, anxiety, or depression that often accompanies these experiences. Outside of their immediate social network and the Phoenix Project, there are no institutions or services to hold space and support them to process these experiences. Fortunately, most of the respondents developed a healthy narrative to guide them toward better life outcomes through the process of profound meaning making to understand and overcome these experiences. Social connections and love emerged as the most common themes in these narratives of resilience. Some participants described a sense of responsibility to close friends and family members to become a better version of themselves, while others described a profound sense of empathy and support from Phoenix Project staff that validated their sense of self-worth and guided them toward hope for a better future. For these young people, resilience is not optional; it is the only path away from death.

Research Question 3. What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes?

The interview schedule for this study included several questions designed to prompt participants to reflect and report on the services they utilized most frequently at the Phoenix Project and those that have been particularly impactful. Several themes emerged for all participants, including support to overcome trauma, workforce development, emotional support,

and mentorship (see Table 5). Another frequent theme that emerged for five of the six participants was education. These themes are consistent with the three specific goals of the Phoenix Project model to: (1) improve health outcomes; (2) increase post-secondary enrollment and completion rates; and (3) increase the percentage of youth earning incomes (increasing savings/wealth)

Table 5

Participants Description of Services from Phoenix Project

Participant	Types of Service				
	Trauma	School	Jobs	Reliable Emotional Support	Mentorship.
Katrina	X	X	X	X	X
Mike	X		X	X	X
Shauna	X	X	X	X	X
Montrell	X	X	X	X	X
Tiffany	X	X	X	X	X
Tyree	X	X	X	X	X
Total	5	5	6	6	6

Phoenix Project Staff Support

Staff support was among the services that was unanimously endorsed by all study participants. Participants' conception of this support varied. For some it included getting them out of the neighborhood so they would not have an opportunity to be immersed in the day-to-day violence that often occurs. For others, it was having someone with whom they could talk.

Montrell shared that just getting away from the community for the day helped him to decompress and gain some distance from the daily vigilance he must maintain. He shared:

I mean I never, well keep us away from it, you know what I'm saying. A lot of this time, like a lot of times that was spent in other places, like you know, whether it's to the movies or there is to Dave and Busters or to an amusement park, that could have been time being in running around the projects and something can happen, you know what I'm saying. So, sometimes it [can] be a blessing in disguise. You know that in saying?

Katrina shared that she is uncomfortable opening up to others and sharing her vulnerability. The Phoenix Project's "relentless outreach" component successfully reached her at a time when she was feeling particularly alone and stressed. She shared how one well-placed call set off a cascade of events that influenced her willingness to access mental health support:

Phoenix Project staff actually helped a lot in dealing with trauma. Um, I'm not the type of person to reach out for help. I'm private, to myself a lot. [*staff name omitted*], like for some reason, I texted him last week . . . I haven't talked to anybody about anything, um . . . I texted him a week ago . . . and said . . . actually, he texted me out of nowhere, and asked if everything was ok and I said not really, I'm stressed out. He said if I'd like to speak to a therapist that he can set it up, but I said no, I don't have time for that but thank you . . . but now I'm actually considering it.

Tiffany also shared that knowing that she could come to the Phoenix Project and access consistent support from people she trusted, helped her to overcome the trauma of being raped:

Um, like you said about the trauma and stuff they helped me with some trauma that I'm still going through to this day. But I'm thankful to have [*staff name omitted*] and you know like a program like this like the Phoenix program because he's helped me with a

lot of resources and stuff to go through the rape trauma and to learn about it so that I can get back on my P's and Q's.

Reliable Emotional Support

Similar to participants' responses regarding overcoming trauma, many participants reported that they valued and benefited greatly from knowing that Phoenix Project staff were a reliable system of emotional support, comfort, and wisdom. Montrell described what makes Phoenix Project staff so different and so much more respected than many other service providers or adults in the community:

With whatever you need they help people, I mean not just helpful with me because I've been out of school for a while, for a long time. But the stuff they do now is go to these kids schools and they make sure that they're not being lied to by the kids saying oh I did this, they'll go up to the school and holla at the teacher and all that, you know what I'm saying? I think that this program is real helpful when it comes to leading the kids in the right direction. They show, you know they show nothing but positivity, they show the right way, but at the same time they'll tell you which way you can that can fuck you up, because [*staff name omitted*] will tell you straight up, you know what I'm saying . . . You want to do this or do that? Because this way is what's going to get you like that, and if you do get you like that, they're going to be like, I told you . . . They give you honesty.

Tiffany shared an experience she had where Phoenix staff attempted to connect her with mental health providers at a local mental health clinic, after being raped. Her perspective on the experience demonstrates the trusting bond that is established between Phoenix staff and participants:

I'm not too comfortable with them [*the mental health clinic*] like that. I don't know, I just get a weird feeling with them. I'm just not comfortable. And, he like they [*Phoenix Project staff*], they help you. I know, but I rather him be my therapist, because he knows more and I informed what happened. [*Staff name omitted*], he came up here to talk to my mom. We had a meeting with my teacher. My IEP teacher as well, because my teacher needs to know what's going on 'cause I was missing school.

Tyree's shared his unique take on the type of advice and support that he derives from Phoenix staff and how it helped him to process and focus his thoughts so that he remains positive:

Oh man, [*staff name omitted*], he been around. He more like, I told him, I said, 'man you could have been a pimp, man.' I say, 'how much you be having me hang on your words. Your word play, it's word play.' I sit and dissect his words. As he explains stuff to me, I have to come up with my own definition to make him understand that I know what you talking about. You know what I'm saying? I do all the time though. He had come up with something, I'll be like I fly something in my life. And then, like what? He like, oh yep. And it's crazy. I love talking to him for real, as he put everything in perspective, for me at least. They have different stuff to help you get into school or a job or the reinvestments or it could just be talking. It can be anything. Basically lately, that's what it's been, just us talking. I mean, that got my mindset different, because it had me on point.

Mentorship

When asked to describe their relationship with the Phoenix Project staff with whom they interact the most frequently, almost all participants used the term mentor. For most participants this term described a person they admire, respect, and that they can rely on for consistent support

and accurate guidance to achieve their life goals. Mike described how Phoenix Project's staff personal experience growing up in the Hunters Point community gave them an authenticity that he is able to trust when considering their input and support "Knowing them, I heard their experiences versus mines, there's like people's situation can be worst. You know they have a lot of good advice for me you know. They've seen a lot of people pass away, so you know."

Tyree vividly described his relationship with Phoenix staff and the process of reflection and transformation that those relationships produce within him:

The talks. My talks be way most important to me because I might be going through something like, that's really irking me, and then I come here on Friday, and then he already be on point with the topic like . . . So it be easy to come out with it. Like, man that's crazy, I was just going through that . . . like I wouldn't even say nothing too, there wouldn't be talking, until he say something that hit right on the money. And then it just makes me kind of re-evaluate it like, first, before I'm talking to him, I'm ready to go do something. Then as soon as I talk to him, like oh man, so I think talks, like anything, like I say he's got away with his words. And it seems like his words be hitting me right on time, like as soon as I need them, for real. So, I love them talks. Exactly, because it seemed like everything, everything was explained to me. It was like on point, literally. I already came home with the mindset of trying something new. Once I already came with that mindset, and I'm starting the process, and I said, nothing happened. I'm telling him I want to do this and that. And he telling me, okay. These are the steps like here and there. I come back to him probably two months later, I got everything I got going on, everything is already, I come through in a car, matter of fact. I was just talking about I need a car. I need a car. I need a car. How am I going to get a car?

Montrell also shared that he has grown to trust and rely on the wisdom and advice from Phoenix Project staff. More importantly, he expressed that the authenticity of the staff lent itself to trust not only the feedback, but the source:

Okay, I use . . . [to] always hear um stuff that [staff name omitted] used to tell about being in the devil's playground or the devils lair, stuff like that , and when I got to prison, when I made it to prison a couple years ago, everything he said, it used to stick to me and he used to always tell me about being on idle time and how that could fuck your whole little life up, and how sometimes I should go read a book so something like that. And I'll fuck around and not end up getting in trouble and when I did make it prison and shit like that, I was like damn, I should have listened to brother [staff name omitted]. I could've been reading a muthufuckin' book, and now I'm sitting in here, you know what I'm saying. Like the advice and the support really makes a difference. A lot of stuff that was told to me, I realized that it all made sense and wasn't none of them wrong, uh or rehearsed. Know what I'm saying. It just came out how it suppose to come out. Everybody that I done dealt with have offered me something in this program. They ain't never told me nothing wrong. For real!

Some of the participants were not as descriptive about their relationship, but still expressed their appreciation for the Phoenix Project staff and their conceptualization of their role in their lives. Katrina shared, "I feel more comfortable working with [staff name omitted] because I know him from Peacekeepers. Um, well I look at him as a role model...someone I look up to. Um, someone for support." While most of the study participants talked about the mentorship they enjoyed from the seasoned Phoenix Project staff who have worked in the community for years,

Tiffany shared that she had a stronger connection to and was more influenced by the young adult leaders that Phoenix Project hires as staff:

When they got the younger people, like, in they 20s and fresh teens to actually be part of the program, which I think is better. They have more experience, as us teenagers growing up now, to actually talk to us because they know. They've been a teenager once. They now in their older teens. So, by having teens like *[staff name omitted]* or young men, or young women, like coming in and helping them to be in the program is a good idea. It's working because they've been in the same shoes. So, they're not going to tell us anything wrong. So that was a big impact. I seen young people. Older people, ain't nobody going to communicate the same.

Hiring young adults from the community as peer leaders is a core design component of the Phoenix Project that was developed to ensure that young people were trained and received experience in the field of youth development. This program element was also implemented to ensure the presence of multiple layers of support from which young people could benefit, because it is often easier for young adults to relate to someone closer to their age.

Jobs

The Phoenix Project incorporates practical strategies to support young people to achieve a sense of mastery, confidence, and sense of self-reliance; thus, workforce development is a significant element of the model. Among the goals for the Phoenix Project is an increased percentage of youth earning incomes. Viable employment is required to achieve this goal and Phoenix Project staff are required to collect and record data in the Salesforce database to measure the program's progress in achieving this goal. Not surprisingly, support preparing, searching, and securing a job emerged as one of the most impactful resources participants

received from the Phoenix Project. Some participants reported being empowered to go out and seek a job, while others, like Montrell, described having his whole employment history through the parent program, “Damn near all my jobs I done had came through Hunters Point Family, every single one.” Shauna also described how she secured work experience directly through the Phoenix Project, “I work with um, I work here, and um [*staff name omitted*] helped me get the job . . . like with my resume . . . him and [*staff name omitted*] . . . By helping me with resumes and stuff, I can do them on my own now.”

Tiffany described how the Phoenix Project provided support in her getting her first job. Although, it is hard work, she shared appreciation for the experience and opportunity to earn her own money. She narrated:

He definitely helped me with a lot of applications of jobs. Even though I get started on the 19th, but there’s nothing wrong with back-up jobs right now. I’ll be working on Mission street doing trash and recycle. They be like you do trash and recycle? Money! Something better than nothing I’m working!

Mike described how his connection to employment helped him to be a better father and support and provided more exposure for his children. He shared: “Um, really them helping me like with the IPO programs you know keep some money in my pocket, to take my kids places.” While Tyree was able to seek out and secure a job without direct referrals and support from the Phoenix Project, he attributes his motivation to seek and maintain employment to the emotional support and mentorship he received from the Phoenix Project. He narrated:

One, forklift experience, job experience. Like my way of thinking, if it never was for my way of thinking I don't think I would have a job or anything, you know what I am saying? Straight up. If I ain't thinking like this. Then I'm not even thinking about a job, I go out

here and hit a lick. You know what I am saying? I can go out here and do this and do that, because it starts with your thinking process, I feel.

School

Completing high school and increasing post-secondary enrollment of participants is another one of the goals that is painstakingly monitored and documented at the Phoenix Project. Thus, it was not surprising that almost all of the participants mention educational support when asked about the resources they utilized most or that had been the most impactful. Participants' experience of educational support at the Phoenix Project ranged from financial support to fund college classes to tutoring services. Katrina described how tuition assistance from the Phoenix Project enabled her to pursue her goal of graduating from college:

I was trying to register for my classes and I had a fee from my last semester that I couldn't afford so I look to [*staff name omitted*] to support me with that . . . When they helped me pay for my classes, that was really important because I really couldn't afford it. I'm paying rent here on my own, um, so I haven't really been having no extra money and without them I probably wouldn't be able to register for my classes this semester so that was really important for me.

Shauna described how Phoenix staff sitting down with her to complete her homework assignments helped her to stay focused, and eventually to realize her potential as a student.

They both helped me . . . Like now I'm in school. I really, now, I'm really not a homework person, I don't like doing my homework with people. I don't like homework, but I'm doing it and I'm doing a good job and I got an A on my essay and stuff.

Tiffany shared how Phoenix Project staff supported her with a range of services to help her get through school and pursue her dream of becoming an attorney. She noted:

Say if you want to go to school, they help you enroll if you're parents not able to they're there to be like your co-parent to help you to sign what they can sign. So [staff name omitted] and [staff name omitted], he helps a lot too, he helped me get back in school and right now I'm in school. And me and [staff name omitted] were talking about getting through some program because I want to be in law school. So, he just introduced me to this lady who has a girl going to law school right now that can help me go through some of the programs, since I'm in school so yeah. But Phoenix is like a mini family to me. Somebody else I can talk to and understand and you know . . . most of the time you can't find that much sources like that in the city, period!....So yeah, we just had a meeting today with my teacher and I have 48 credits left which is good and Brother going to help me with a poster so that will jump my credits up. So that's another weight off my shoulder about the school. So yeah, just waiting to graduate.

Keeping it 100

“Keeping it 100” is a common saying, among young people living in Bayview Hunters Point that describes a person as being totally authentic and honest. “Keeping it 100” references participants feelings of trust for Phoenix Project staff to tell them the truth and to be consistently available to them, beyond the requirements of their job. One of the four goals of the Phoenix Project is: Additional youth-identified outcome for success. This last goal ensures that the program is flexible and responsive to the unique needs of participants, as they define those needs for themselves. Some of the study respondents shared their experience utilizing these personalized services when asked questions to ascertain the most frequently utilized and impactful services received through the Phoenix Project. Although these themes were less popular among all study participants than those previously explored, they demonstrated the

flexibility of the program in meeting the participants where they are. As an independent adult and a parent, Mike expressed that his greatest need was to identify housing, “Um, right now they help me get through IPO programs and employment and looking out for me for housing. I need help from them for housing.” Katrina shared how she had accessed an array of services, including support accessing couples counseling for her and her partner:

They give you a lot of support with jobs, education, um . . . counseling um, even if you just need somebody to talk to ‘cuz we were going through a lot and we weren't talking to each other and they offered couples counseling or something like that.

Tyree also shared that his experience with the flexibility of the Phoenix Project in responding to any needs that may arise. He noted “they have different stuff to help you get into school or a job or the reinvestments or it could just be talking. It can be anything.” Tiffany also endorsed Phoenix’s commitment to working with participants to identify their needs and provide support that is appropriate to each participant by sharing “But, to say what I was going to say is that they also help you outside of trauma, with work, jobs, school.”

There were three primary questions within the interview schedule that were designed to ascertain participants perceptions regarding the effectiveness of Phoenix Project services:

- Would you recommend the Phoenix Project to a friend?
- How would you describe the Phoenix Project to a friend?
- What kind of youth do you think the Phoenix Project would help best?

An examination of participants answers to these questions provided a rich source of information to evaluate the Phoenix Project’s success in reaching and effectively serving its target population. Most importantly, participants’ responses about how they would describe the

Phoenix Project to a friend revealed a lot about their own perceptions regarding the program's level of impact upon their own lives.

Upon answering in the affirmative to the first question, "Would you recommend the Phoenix Project to a friend?", Mike described who he would recommend the program to and how he would describe it to them:

Mostly I will say. Like help the troubled youth that's going down the wrong path.

Change their outlook on life so . . . they don't end up dead or in jail basically. They care, and they not here for a paycheck. You know, they want to see people do better . . .

Basically I'll start off by saying, hey you want a job? Go holla at them, they have jobs they have this and that, they have a lot of resources to help. It'll be a good idea to link up with them.

Shauna began by explaining why she believes the Phoenix Project is an effective program and important for the youth in the neighborhood. She asserted:

I think it's important that you guys have the program here . . . Not only for myself but for the youth too like you know the kids and stuff . . . I feel like it's good because, like, people don't have resources. To go to like at home and people look forward to coming here and talking to someone because they'll help with like job searching because no one at home will . . . I would recommend to a friend because it helped me and if it helped me I know it can help other people and some people don't know about this program.

Shauna then went on to share how she would describe the Phoenix Project to a friend.

Hey, it's a program, they help you with resumes, if you need someone to talk to they can talk to you and, um, they're there for you and you can set up appointments they'll see you

they won't flake on you or stuff like that you should come I have the information right here that's what I'll say.

Katrina described why the program was effective for her and why it's important to have the program in her community, "They give you a lot of support with jobs, education, um . . . counseling um, even if you just need somebody to talk to 'cuz we're going through a lot . . . [Phoenix] was the one place I turned to for a job. It was different."

Montrell described the impact he sees the Phoenix Project making in his community and the importance of the program in young people's lives. He then shared how he would describe the Phoenix Project to a friend:

I mean, well, from my experience where they're most helpful with anybody is they help people . . . Because look at the place! There's children around here. Seventy-five percent around here is children, trauma, damaged, you know what I'm saying, and be looking for a way out or looking for...you should see how many kids come to these cooking classes, because they mama don't cook nothing at home. And then, they try to push you to a positive alternative at the same time. Will call your phone, will pop up where you at, you know what I'm saying. Take advantage of the opportunity that's in front of you because it'll get you a long way. Like if you want to go to school, these motherfuckers will help you or if you want to get a job, they'll help you get a job.

Tyree explained how he believes that the Phoenix Project is effective, but that potential participants must also take initiative to seek out and utilize the services for them to work:

I just know the Phoenix program will be with you every step of the way, man. Whatever positive you want to do, they're going to be there for you. And that's all a person may be needing in their life. I mean you know, people that's going to be there, in your time of

need. But you got to be willing to call for it, though. Some people don't be willing to ask for help, or be scared of it you know, like certain things, some people be peer pressured or whatever, whatever it's going on, they don't like to ask for it. And I think that's the like, the main thing, asking for help and really trying to apply yourself too. I think the Phoenix program is the perfect program.

Each of these participants overwhelmingly endorsed the effectiveness of the Phoenix Project by sharing specific examples of how the program had impacted their own lives and their perceptions about the services from which they believed others would benefit. Perhaps, the most significant theme that emerged most frequently was a feeling like the staff is invested, not only in their jobs but in them personally. All participants referenced and emphasized the relationship they have with one or more Phoenix Project staff as critical to making better life choices and significantly contributing to their support system. While participants mentioned specific services and resources that they utilized to help them achieve their goals and improve their overall all quality of life, including but not limited to assistance with securing employment, financial support for school tuition, help accessing housing, they consistently mentioned the relationship with Phoenix staff as the catalyst or foundation upon which their openness and utilization of the services was based.

Summary

Chapter 4 focused the voices and perspectives of the Phoenix Project participants to provide a window into their worlds and how they make sense of their realities. Although participants were asked to share about the most traumatic moments of their lives, almost none of them chose to dwell on the tragedy. Although they acknowledged the horrible experiences they

survived and expressed the pain of those moments, all participants seemed to prefer to sharing about how they used their experiences to develop their grit, flexibility, and desire to achieve better life outcomes. Most importantly, all participants referenced how their relationships with Phoenix Project staff gave them the strength to overcome their challenges and the support to stay engaged in the process of self-reflection and personal development. Chapter 5 offers an analysis of the research questions presented in this study. Limitations of the study are discussed and provides recommendations for further research are presented to continue the scholarly research and identify best practices to bolster the resilience and strength of African American, young adults, living in under resourced communities across America.

CHAPTER 5: DISCUSSION

The Phoenix Project was developed by indigenous, community-based organizations in order to support transitional age youth, living in San Francisco's Hunters Point public housing community, to achieve financial sustainability and improve their overall quality of life. The high rates of homicide and community violence, within these communities, are accompanied by high rates of PTSD and complex trauma. Because mental health resources are scarce or inaccessible to individuals in this community, most young people do not seek out or receive services to process this trauma. The Phoenix Project was designed to specifically address and heal symptoms of trauma, while building participants' resilience as a necessary antecedent to supporting youth to achieve more practical goals such as securing employment and education. This study sought to understand the impact and experience of the Phoenix Project from the perspectives of program participants who had experienced complex trauma. Analysis of the study's results indicate: 1) The Phoenix Project is serving and impacting the intended target population of young adults who have experienced extreme trauma; 2) The method of service delivery is effective in supporting participants to heal from their trauma and build resilience; and 3) The Phoenix Project's intentional grounding in community culture, including hiring staff from the community, facilitates authentic respect and relationship between staff and participants that facilitates trust and healing.

The Phoenix Project was designed utilizing empirically based models of trauma-informed care, strengths-based and embedded services to enhance resilience and improve life outcomes in the areas of education, economics, and overall well-being among youth and young adults, living in public housing, who have experienced complex trauma. Although the Phoenix Project incorporates several best practices for working with this population, ultimately the true test is

participants' endorsement of the elements and services that they perceive to be most impactful. This study examined the lived experiences of young African American adults who utilized the services of the Phoenix Project model by examining the following research questions:

RQ₁: What is the type and severity of trauma exposure experienced by Phoenix Project participants?

RQ₂: What are strengths and qualities of resilience among Phoenix Project participants? How does Phoenix Project enhance the strengths and resilience of project participants?

RQ₃: What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes?

This chapter provides a discussion of the data focusing on the study's contribution to the existing literature, and an explanation of the findings. Implications, limitations of the study, and suggestions for future research are also discussed. An IPA framework for qualitative analysis was utilized to understand the program and its impact from the perspective of the participants. As the impact of trauma resulting from gun and community violence gains increasing attention from the media and the general public, mental health specialist, researchers and social scientist must diligently identify effective strategies and services to support young people to heal and thrive despite experiencing horrific traumas. This need is even more urgent within communities that have been plagued by historic racism, neglect, and poverty. This study aimed to contribute to the body of knowledge regarding effective models to serve youth and young adults who have experienced complex trauma that can be replicated and scaled within communities with similar socio-cultural economic indicators, throughout the country. This goal is significant primarily because few studies have been published within peer-reviewed journals that have explored programs, services, or strategies among this population and that are grounded within the

communities of these populations. The majority of the studies available within the academic and research literature that focus on similar populations are based in compulsory settings such as school, locked facilities, and detention programs. There was a notable absence of studies conducted within community-based and/or community run programs; furthermore, none of the literature sought to capture the participants' perspectives and voice. Results of the Phoenix Project's qualitative evaluation yielded some findings and insights to guide the development of mental health and social service strategies for similar populations.

Analysis of Results for Research Question 1

RQ₁: What is the type and severity of trauma exposure experienced by Phoenix Project participants?

All participants indicated having experienced at least one trauma in their lifetime, and that most of the trauma was related to gun and/or community violence. All but one participant experienced a close friend or family member being murdered. Other trauma experienced included witnessing a homicide, being shot or shot at, incarceration, and being raped. These results indicate that the Phoenix Project is serving its intended target population of young adults who have been acutely impacted by trauma. As reported by the participants, these experiences were severe and reflect the quintessential definition of trauma (American Psychiatric Association, 2013); however, they are noticeably absent from the original ACEs questionnaire authored by Felitti et al. (1998). According to the United States Department of Health and Human Resource's Substance Abuse and Mental Health Services Administration (SAMHSA) trauma is defined as "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being"

(SAMHSA, Trauma and Justice Strategic Initiative, 2012, p. 2). Although there are many events that can be experienced as traumatic, Felitti et al. (1998) included 7 specific traumatic events in their definition of adverse childhood experiences, which included psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. An individual's ACE score is determined by calculating the sum of each one of these experiences, for a total score of zero to 10.

Despite overwhelming acknowledgment of the severity and importance of the problem of trauma related to gun violence in Bayview Hunters Point and similar communities, there is a notable absence of research within the scientific literature that focuses on trauma related to gun violence. The themes that emerged related to trauma from this study regarding ongoing community violence was even more insidious than many of the traumatic experiences included on the original ACEs questionnaire; further validating the use of the Philadelphia Urban ACEs instrument which includes exposure to and/or victimization by gun violence. These experiences go beyond a single incident of trauma, they represent the ever-present and ominous threat that one can lose their life or the lives of their loved ones at any time, for any reason. For young adults like those who participated in the Phoenix Project study, the omnipresent threat of violence and homicide had been their reality for the entirety of their lives. As many study participants noted, they experienced attending the funerals of many of their friends and loved ones as a result of gun violence. Under these circumstances, some of these young adults do not have sufficient time to grieve the death of a loved one and then move on to the healing process, because of the proximity of the homicides they witness.

This study contributes new insights into the existing body of scientific research regarding the experience of trauma and community violence in Bayview Hunters Point and similar communities. It confirms that there is an overwhelming amount of trauma among youth and young adults while providing a richer and more nuanced understanding of the nature of these traumas. In general, the participants in this study clearly articulated a distinct type of trauma related to gun and community violence, including witnessing homicide, being shot, witnessing shootings, and experiencing the murders of several friends and family members. The experiences of these young African American participants are consistent with those of war veterans and survivors of war-torn countries.

These findings are consistent with research in similar communities which found that between 40% and 60% of young adults experienced complex trauma resulting from community violence (Farrell & Bruce, 1997; Finkelhor et al., 2009; Pearce et al., 2003). Furthermore, researchers from San Francisco's Department of Public Health indicated that 64% of children and youth in Bayview Hunters Point have been exposed to at least one type of trauma, with the remaining 36% exposed to multiple types of traumatic events (Israel, 2012). Dr. Nadine Burke's study of adverse childhood experiences among patients of the Bayview Health Clinic found that 67% had been exposed to at least one adverse childhood experience (Burke, Hellman, Scott, Weems, & Carrion, 2011). In comparison, 50% of the participants in the Felitti et al. (1998) study had been exposed to at least one adverse childhood experience. Currently, gun violence is only included as a criterion within the Philadelphia Urban ACEs assessment tool, although in a national sample of youth aged two to 18 years, eight percent reported knowing at least one friend and/or family member who had been a victim of gun violence (Turner, Finkelhor & Henly, 2018). Specifically, within public housing communities, like Bayview Hunters Point, the

number of youth who are exposed to gun violence and who have experienced the death of a friend or family member is significantly higher. In 2018 surveys of youth participating throughout all Hunters Point Family programs, the parent organization of the Phoenix Project, found that over 90% of participants reported knowing friend or family who had been shot and/or killed within the last year (Hunters Point Family, 2018). Consistent with this trend, all of the participants of this study reported having a close friend or family member who had been shot and/or killed over the last year. These statistics validate the use of the Philadelphia Urban ACEs as an appropriate tool to measure the adverse childhood experiences of participants within this study.

There is a dearth of research and published reports documenting the frequency and exposure of youth and young adults to complex trauma as a result of community violence, particularly in public housing communities where violence tends to be more concentrated. Much of what is known about the experiences of these youth are captured in unpublished reports by organizations that serve these populations, such as the report created by the Hunters Point Family to document the experiences of their participants (Ginwright, 2015). The strength of the Phoenix Project is that it recognizes the severity and pervasive trauma experienced by these young people and is designed specifically to support young people to build their resilience and strengths, within the context of a trauma-informed care model.

Given that this study was limited by the relatively small number of participants who shared their experiences, further research is warranted to understand both the severity and the scope of the impact of ongoing, complex trauma related to gun violence in communities throughout the United States. More importantly, the exploration of how youth and young adults who have experienced complex trauma, are able to heal and thrive despite, and sometimes

because of these experiences, is essential to understanding the underlying mechanics and spirit of resilience. The field of psychology and mental health providers will be better equipped to treat individuals suffering from trauma as we learn more about how to activate and enhance resilience.

Analysis of Research Question 2

RQ₂: What are strengths and qualities of resilience among Phoenix Project participants?

How does Phoenix Project enhance the strengths and resilience of Project participants?

Results from interviews in this study revealed that participants engaged diverse strategies to build their resilience and leverage support from the Phoenix Project to further develop their resilient qualities. All of the study participants described an internal voice or sentiment that propelled them to continue to push past challenges, no matter how daunting. Most participants described a time when they felt like giving up or were not sure they had the will to heal and/or work toward a better future. All described a turning point in their lives which was inspired by their relationships with family members and/or Phoenix staff, where they connected with their own desire to become a better version of themselves and began to take concrete steps toward their transformation. For some study participants their children inspired them, for some, it was their parents, and for others it was close friends. All participants made reference to inspirational “talks” with Phoenix Project staff which validated and encouraged this transformation while providing practical resources to continue their journeys. Perhaps the most interesting dynamic mentioned within these “talks” with Phoenix Project staff was a feeling of truly being seen. Participants frequently referenced Phoenix Project staff “knowing” them and speaking to their specific character and experiences. This relationship with someone who truly “knows” them and “sees” them appeared to provide the validation they needed to keep mining their inner strength and resources to transform their thinking and eventually transform their lives. These results

confirm the effectiveness of the Phoenix Project model to enhance resilience among participants by leveraging relationships in which there is established trust, respect, and authentic care for participants.

Resilience is a dynamic process that occurs from within and without (Luthar, Cichetti, & Becker, 2000). All of the study participants described a process of transformation that was being witnessed and encouraged by the consistent presence of Phoenix Project staff. Almost all participants mentioned the proximity of Phoenix staff when they needed them and the familiarity of Phoenix staff to their reality, neighborhood, families, and themselves. Participants reported experiencing this familiarity as “real” or “authentic” which they internalized as an authentic belief in their positive qualities and ability to transcend their current circumstances to achieve their goals. The Phoenix Project staff served as the proverbial “magic mirror” that participants gaze into in order to see the best reflection of themselves and their potential. The dynamic of reflective function that transpires between Phoenix staff and participants is consistent with Fonagy and Target’s (1997) premise that reflective self-function is a product of secure attachment. Reflective function refers to the ways in which people express their own thoughts and those of their attachment figures. Individuals who experience secure attachment with a caregiver are more likely to develop reflective self-function and develop greater ego strength and resilience (Barkai & Rappaport, 2011). Thus, by providing a reflective self-function that facilitates participants’ creation of a positive and empowering narrative, Phoenix Project staff support participants in developing greater ego strength and to enhance their resilient qualities. This powerful exchange acts as a catalyst that stokes and builds participants’ internal strength and desire for transformation through the act of “being seen.”

This study's findings regarding youth resilience are consistent with much of the academic literature, which suggests that a strengths-based framework that focuses on the positive qualities and characteristics of young people is particularly effective in helping them navigate and overcome challenges to achieve improved life outcomes (Garmezy, 1991; Masten, 1994; Murray & Belenko, 2005; Rutter, 1987; Zimmerman & Brenner, 2010). Emergent themes from Phoenix Project respondents confirmed findings of studies that positive relationships with adults within the community are particularly important for building youth resilience (Belenko & Logan, 2003; Catalano & Hawkins, 1996). The evaluation of the Phoenix Project demonstrated similar results as the MAAT program in Washington, D.C., which utilizes a strengths-based model to deliver interventions to youth who are at a high risk of abusing drugs and alcohol and engaging in violent crime. Evaluation of the MAAT program revealed that participants who generally shared the same risk qualities as those of the Phoenix Project demonstrated positive gains in self-esteem and demonstrated increased knowledge regarding drug abuse (Harvey & Hill, 2004). Similarly, the CASASTART program also demonstrated that utilizing strength-based interventions among similar populations in order to decrease drug use and violent crime successfully reduced participant drug and alcohol use and their engagement in acts of violent crime (Murray & Belenko, 2005).

The MAAT and CASASTART programs were both designed to serve low-income African American youth and young adults living in urban areas who were at risk for becoming involved with the criminal justice system, abusing drugs and alcohol, and becoming victims and/or perpetrators of violent crime. Similar to the Phoenix Project, the MAAT and CASASTART programs utilized community-embedded, strengths-based models to build youth resilience and achieve improved life outcomes. Unlike the Phoenix Project, the evaluation of

these programs did not focus on the domains of trauma and mental health. Consistent with most studies of similar populations, the evaluation of these programs relied upon quantitative data that measured outcomes as determined by the academics and researchers. The priorities, values, and voices of the participants or representatives of the community are notably absent in the design and reporting of study results. Evaluations of programs like MAAT and CASASTART are immensely important in establishing the foundation for effective programming to build resilience and improve life outcomes for youth in similar communities. The evaluation of the Phoenix Project builds on this foundation by taking a deeper and more nuanced examination of the experiences of the participants in these programs and learns about their perceptions of the program elements that have been most impactful in contributing to their resilience and ability to thrive. The results of this study contribute to the literature and understanding of the particular elements of the strengths-based approach that are effective in building youth resilience. Participants' consistent reports of feeling connected to Phoenix staff, feeling seen, and cared about informs practitioners that the power of the reflection of the youth does not just lie in the content of the reflection, but also in the eye of the beholder. The participants' relationship to the messenger, or Phoenix Project staff, regarding their strengths, serves as a powerful conductor in the strength of the transmission of the message and the impact upon the participant. These results speak to the importance of ensuring the staff of similar programs are evaluated as authentic, knowledgeable, and trustworthy by program participants, so that their message is judged to be credible.

The Phoenix Project's model of being embedded within community, meeting participants where they are, and recognizing them as the expert in their own lives effectively creates the conditions where participants feel safe to allow themselves to be "seen." An emphasis on hiring

professionals from the community who are intimately familiar with both the challenges and strengths of these communities also create the conditions where participants and staff can get past the pervasive background noise of the trauma and tragedy to more clearly focus on the individual. This is the space where one is able to discern the nuances of another's emotions and personality. This is the space where the staff is able to see and reflect back the participant's fears, follies, motivations, and beauty. Within this space, the participant is able to discern the authenticity; hence, the validity, of the staff's assessment of them. Resilience is essentially a decision in the face of a threat or injury that one is going to retreat or continue forward. What the participants of this study revealed is that they felt safe enough to allow the Phoenix Project staff into their most vulnerable moments and spaces. Similar to the mythological bird from which the Phoenix Project takes its name, the program ignites the inner strength or the "fire" in participants to rise from the ashes of generational economic instability, incarceration, and poor health outcomes to transcend the odds and achieve economic stability and an overall sense of well-being.

Analysis of Results of Research Question 3

RQ3: What program factors do Phoenix Project participants perceive to be most effective in supporting them to transform their quality of life and life outcomes?

Results from this research question confirm that the Phoenix Project model of utilizing cultural authenticity to uplift and build upon the cultural strengths of the community, which are rooted in a collectivistic "extended family" model, is an effective approach to serving the program's target population. All study participants referred to Phoenix Project staff with the familial terms "Brotha" or "Sista" when referencing staff. They also indicated that the feeling of

being truly seen, known, and cared for by Phoenix Project staff gave them the confidence and strength to pursue their goals in practical areas of their lives.

Most study participants indicated that Phoenix Project staff supported them to pursue their education or connected them with resources to improve academic performance, and/received financial resources or “re-investments” to pay for tuition and books. All participants reported that the Phoenix Project helped to connect them to employment either by directly becoming employees of the Phoenix Project, following up on job referrals from Phoenix Project staff, or in some cases, participants reported that support from Phoenix Project staff gave them the confidence and motivation to seek and secure employment independently. All participants expressed a distinct desire to work, to earn their own money, and develop a sense of pride and independence. Most importantly, having secured employment seemed to infuse participants with a sense of optimism that it is possible for them to transform their circumstances and escape the siren call of the underground economy, which they also recounted has led so many of their friends and family to death and incarceration. The provision of tangible support, such as employment and/or connection to employment, provides an important steppingstone into adulthood as it facilitates participant independence and experience in the work world while also “baking in” social and emotional support and correction by Phoenix staff when participants fail to demonstrate appropriate workplace etiquette.

The Phoenix Project’s design of incorporating holistic social services into workforce development services is consistent with the very scarce findings among academic studies examining outcomes for workforce development programs among disadvantaged populations (Prins et al., 2018). Providing wraparound support services such as case management and support with housing and childcare bundled in one location was found to increase success among

low-income adults to identify and maintain employment (Hess, Mayayeva, Reichlin, & Thakur, 2016) as they decreased participants' cognitive load of daily struggles and allowed them to focus on employment or educational pursuits (Fein, 2012). A notable deficiency of studies that examined workforce outcomes for youth and young adults with similar demographics as those of the Phoenix Project participants creates challenges in comparing and contrasting the workforce development experiences of Phoenix Project participants with that of participants of other program models. However, STRIVE, one of the few studies that specifically examined the workforce development program and which focuses on young adults living in Baltimore, Maryland, found that providing emotional support was critical to addressing trauma, thereby supporting young adults to secure and maintain employment (Powell, Jo, Martin, Philip, & Astone, 2017). The findings of Powell et al.'s (2017) study are consistent with the reemerging theme of Phoenix Project participants regarding employment services, as well as other services. When participants feel supported by people they trust and respect and when there is a holistic emphasis on addressing their other life needs, participant success significantly increases.

In addition to tangible outcomes such as increased participation in the workforce and increased educational attainment, participants also reported that the Phoenix Project provided them with psycho-social support that enabled them to get through some of the worst, most challenging periods of their lives that were marked by trauma. All participants recounted a period in their lives where they had experienced a particularly intense trauma that deeply affected their psyche and emotional well-being. All reported receiving consistent support from Phoenix Project staff during these times which facilitated their healing process. Most participants reported that the Phoenix Project provided a place for them to process their trauma and to experience someone "holding" it for them.

Trust emerged as a consistent theme as participants recounted how they processed their trauma. Participants shared that they trusted Phoenix staff to listen, without judgement, to provide feedback that would uplift them in times when they were feeling most vulnerable, and to consistently make time and be present for them when they experienced most intense need. Although several participants mentioned that staff offered to connect them to therapists, they declined, citing that they felt more comfortable with Phoenix staff. This sense of comfort and safety that is created between Phoenix staff and participants emerged as the essential element that facilitated the healing process among participants. Participants described experiences that were both extreme and shocking. Unfortunately, many of their experiences are not uncommon in African American communities. Because the Phoenix Project model seeks to hire individuals who are either from or are familiar with the communities where the programs are located, Phoenix Project staff are able to quickly orient the participant within the context of their narrative and themselves as both an observer and source of emotional and pragmatic support, thereby removing the need for the participant to justify or explicate the context. Phoenix staff are also able to offer feedback that is appropriate to the situation presented by the participant. It can be rather difficult for a person who is not familiar with the community or the lives of participants to know how to support or advise a young person who has just been shot at or fears they may be killed because they were with another acquaintance who killed someone a month ago.

All study participants overwhelmingly responded in the affirmative when asked questions to determine their perceptions regarding the Phoenix Project's effectiveness to build resilience, cope with and heal from their trauma, and achieve their stated goals. The majority of study participants included references to Phoenix Project's ability to support neighborhood youth in

securing employment and enrolling in school. All respondents referenced the Phoenix Project staff's unique ability to connect to young adults living in the neighborhood and provide guidance and support for the specific challenges that youth and young adults contend with in these communities. Interestingly, none of the respondents qualified their answers by saying the program was good at dealing with certain kinds of situations but not others, or certain kinds of people but not others, or that some services were helpful as opposed to other services offered that were not useful. Most participants included a description of the services that indicated that Phoenix Project staff met them where they were. The participants described Phoenix staff as allowing them to articulate and direct the type and intensity of service and engagement. They did not mention feeling as though they needed to participate in extraneous classes or activities to receive program benefits or that they were pressured to engage in ways that made them feel uncomfortable. To the contrary, all participants enthusiastically described feeling that staff took a personal interest in them and supported them to achieve the goals and objectives that they held for themselves.

When participants were asked what type of person, they believed would experience the most benefit from the Phoenix Project, almost all used the term "troubled youth." When asked to elaborate, almost all study respondents described youth and young adults who are seeking change but struggle with issues such as family discord, engagement in illegal activities and the justice system, failing school, and/or embroiled in neighborhood conflict and violence. These responses indicated that the target population and current consumers of the Phoenix Project feel that the design and delivery of the program is appropriate and effective to address and support the specific needs and challenges that are relevant in their lives. When describing what elements of the Phoenix Project they valued most, respondents described the combination of practical

support, such as help securing employment or enrolling in college, coupled with social-emotional support that helped them navigate a pathway through the many pitfalls and entanglements within their neighborhoods, such as violence, incarceration, and involvement in the underground economy. Participants' description of their experiences within the Phoenix Project as well as participant responses asking them to describe the Phoenix Project to a friend consistently reveal their perceptions of the Phoenix Project as a valued personal and community resource.

These findings support the limited research studies that seek to understand effective modalities and elements to serve youth and young adults living in low-income communities that have traditionally been fraught with violence (Harvey & Hill, 2004; Murray & Belenko, 2005). Results from studies analyzing outcomes for young adults found that utilizing a strengths-based approach, grounded in an ecological framework promoted resiliency that can be translated into positive outcomes in a variety of areas, including reduction of substance abuse, reduction of involvement with the justice system, increase of self-esteem and skills development (Ford & Blaustein, 2013; Marrow et al., 2012). In communities like Bayview Hunters Point where youth perceive their neighborhoods and schools to be unsafe, community embedded programs become one of the primary sources of support for youth to build their skills, sense of identity, positive relationships, and resilience (Manswell Butty et al., 2001).

The community embedded model that utilizes a strengths-based approach has also demonstrated success in “hard” outcomes such as employment among residents of public housing (Riccio, 2010). An evaluation of the Jobs-Plus Community Revitalization Initiative for Public Housing Families that was piloted in Baltimore, Chattanooga, Dayton, Los Angeles, St. Paul, and Seattle, demonstrated that the program had achieved statistically significant outcomes in connecting residents to employment and increasing the average earnings of residents (Blank &

Wharton-Fields, 2008). Similar to the Phoenix Project, the Jobs-Plus Community Revitalization Initiative for Public Housing Families was specifically designed to provide social services and workforce development services on-site within public housing communities in an effort to establish trust with residents and leverage community strengths.

Results of this study coincide with other studies within similar communities and among similar “difficult to reach” populations (Blank & Wharton-Fields, 2008). Providing services, resources and support on-site, uplifting community culture and strengths, and employing members of the community to implement services, can demonstrate dramatic success in addressing practical issues such as employment, education, and housing. On-site services also demonstrate significant improvements in increasing participants’ perceptions about their ability to heal from trauma, improve their resilience, and improve their overall quality of life. Unfortunately, the vast majority of the academic literature that examined improving outcomes among urban, low-income, young adults who have experienced complex trauma is primarily located within compulsory institutions such as schools (O’Grady, 2017; Pickens & Tschopp, 2017), juvenile detention facilities (NCTSN, 2014; Ford et al., 2012; Ko et al., 2008), and substance abuse treatment centers (Fratto, 2016; Hanson & Lang, 2016; Pickens, 2016; Redd et al., 2017). Research addressing trauma based on community-based perspective that incorporates the values and culture of the community into the fabric of the program intervention is extremely limited in both size and scope.

Theoretical Framework

This study utilized the biopsychosocialculturalspiritual (BPSS) framework in order to understand the impact of trauma, healing, and ultimately resilience among youth living in public housing who have experienced trauma. Consistent with the Phoenix Project model and the IPA

method, the BPSS framework is client-centered and emphasizes meeting clients where they are and trusting that they are the experts of their own reality. Furthermore, the BPSS model seeks a holistic understanding of the client through the complex interaction of biological, psychological, social, and spiritual aspects of the individual. Because complex trauma resulting from community violence implies a very personal and individualized interaction with social forces, this model facilitated the effective exploration of the impact of trauma and healing on study participants.

The Phoenix Project utilizes the BPSS framework, as well as the trauma-informed care model, positive ethnic identity, and community-embedded programming to develop a unique service model to serve youth and young adults who are among the population that is most impacted by severe trauma, yet receive little to no mental health care services. When the Phoenix Project was being developed in 2015, the trauma-informed care model was fairly new and was utilized to inform the Phoenix Project model due to its acknowledgment of the impact of trauma throughout all of the domains of participant's lives. Since the launch of the Phoenix Project and the design and implementation of this study, a new model has been introduced that represents the evolution conceptualizing and understanding study participants' experiences in the domains of trauma and resilience. In the article, *The Future of Healing: Shifting from Trauma-Informed Care to Healing Centered Engagement*, Ginwright (2018) introduced a new framework for addressing trauma and facilitating healing among youth and young adults living in urban, low-income communities. Ginwright asserted that the trauma-informed care framework is deficit-based in that it focuses on the worst thing(s) that have happened to an individual. Similar to the central premise within the positive psychology framework that transforms the psychology framework from a deficit-based model that seeks to understand what is wrong with an individual

to what is right with them (Seligman, 2002). Similarly, healing-centered engagement shifts the question from “What happened to you?” to “What’s right with you?” More importantly, the healing-centered engagement framework views the individuals who have experienced trauma as the agents of their own healing and well-being.

Healing-centered engagement represents a more refined framework for the Phoenix Project. Unfortunately, Ginwright’s (2018) healing-centered engagement framework had not yet been published at the time of the development of the Phoenix Project or this study. However, it elegantly captures and integrates the core assumptions and beliefs upon which the Phoenix Project and this study were established. From 2012-2016, Dr. Ginwright worked closely with the Hunters Point Family, including the researcher (me) and the Director of the Phoenix Project, to develop and integrate practices to support healing among participants and staff suffering from complex trauma (Ginwright, 2015). Thus, there is synergy between the Phoenix Project and Dr. Ginwright’s healing centered engagement framework (Ginwright 2018) as they both share roots in experiences and lessons learned from public housing communities within Bayview Hunters Point. Dr. Ginwright’s healing centered engagement framework further validates the intentional design of the Phoenix Project, thereby contributing to the evaluative value of the program. As this work continues to evolve, the healing-centered engagement should be utilized as a framework to further explore and organize the experience and lessons related to trauma, healing, and resilience among similar populations.

Healing-centered engagement utilizes a collectivistic approach to healing trauma by leveraging the strengths of the community culture to build participants’ resilience (Ginwright, 2018). Healing-centered engagement is rooted in social activism, African American psychology, and intersectionality which identify self-determination as a core conceptual value in healing

among historically oppressed populations in the United States (Thompson & Alfred, 2009). The Phoenix Project operationalizes this concept through a program design that consciously shifts from models where service providers circumscribe specific methods and services to support participants to grounding the locus of control and responsibility for healing within the participant. More importantly, the healing-centered engagement framework not only acknowledges the pain and harm that has been endured in trauma, but uplifts and highlights the experience and narrative of developing an ability to survive, thrive, and hope, despite being confronted with ongoing assaults to the psyche. This concept is a critical component of the healing centered framework which requires a recognition of one's strength, power, and agency to challenge and transform oppressive conditions, thereby transcending the identity of a victim to become the creator of one's providence (French, et al., 2019). In order to be truly effective to affect change within historically oppressed populations, particularly those represented in the Phoenix Project, the designers and developers of programs must build in flexibility to meet participants where they are, respect the participants as the experts of their own needs, and trust participants to become the primary change agents in their own lives by providing the services that participants say they need in the way they need it.

Results of this study revealed that the Phoenix Project is in alignment with the core principles of Ginwright's (2018) healing-centered engagement framework:

- Healing-centered engagement is explicitly political, rather than clinical. This principle is in alignment with the core philosophy of the Phoenix Project that considers the participant as the expert in their own lives and in control of the services they receive through the Phoenix Project.

- Healing-centered engagement is culturally grounded and views healing as the restoration of identity. This principle is also consistent with the structure and philosophy of the Phoenix Project which uplifts and emphasizes African American and Polynesian culture as a foundation to build a positive sense of identity and community. Furthermore, the Phoenix Project builds on a sense of family and shared sense of community in order to establish and leverage relationships to facilitate trust and healing between staff and participants.
- Healing-centered engagement is asset driven and focuses well-being we want, rather than symptoms we want to suppress. The Phoenix Project incorporates this tenet by seeking to build upon the assets of participants. This is done by articulating and documenting participant assets through assessments measuring resilience and working with participants to develop a personalized life map with their goals. As participants accomplish their goals, they receive “reinvestments” which are monetary incentives that participants utilize to invest in their goals, such purchasing books for school, uniforms for work, or furniture for a new house or apartment.
- Healing-centered engagement supports adult providers with their own healing. This particular element of healing-centered engagement is beyond the scope of this study.

While this element of the Phoenix Project is not explored or discussed in this study, I had access to information that confirm that the Phoenix Project includes programmatic elements to ensure staff participate in self-care activities and have access to resources in order to process some of the vicarious trauma that they are exposed to on the job. There is an explicit acknowledgement that the staff must remain mentally and spiritually healthy to be of service to the participants in the program.

Ginwright (2010) asserted that social action built upon the culture and strengths of the community is a necessary component for radical healing. The Phoenix Project was developed for and by members of the community it services. The program was intentionally sited within the public housing community where its participants live and sought to hire staff from that community. This approach ensures that the elements of self-determination, resilience, strengths-based, culturally-informed, and collectivism are “baked in” to the theory, practice, and implementation of the Phoenix Project. A review of the existing literature overwhelmingly suggests that social service programs utilizing trauma-informed care and strength-based models that mine resilience to serve similar populations have been located within compulsory institutions such as juvenile detention facilities, schools, and obligatory work programs. The Phoenix Project contributes to the academic literature and signals new directions for future research by demonstrating how these principles can be effective when applied to a range of services, utilizing a holistic approach, and tailored to the needs and cultural context of the specific community. One of the key findings that emerged from of this study related to the participants’ expression of the importance of the Phoenix Project’s ability to meet them where they are and deliver what participants say they need. The findings of this study highlights the fact that researchers and program designers should reconsider a fundamental assumption about providing services to low-income populations of color living in urban environments - they know what services will be most effective in addressing these populations’ needs. Instead, start with the assumption for this population as with non-marginalized populations, that consumers of our services know what services they need. It is our job as service providers to listen, respect, and honor those we serve so that our efforts are appropriate to impacting the lives of participants and

improving our communities, as opposed to satisfying our own needs to feel worthy and valued through being agents of change in the lives of others.

Limitations

This study utilized an IPA framework in order to understand the world of Phoenix Project participants, their experiences of the Phoenix Project, and how or if the Phoenix Project has impacted their life in an effort to maintain fidelity to the study's philosophical framework that participants are the experts of their own life. IPA facilitates a deep exploration of themes related to the semi-structured questions that were prepared by the researcher, while providing ample space for the emergence of themes that are important to respondents that may or may not have been consistent with the agenda or preconceived notions of the researcher. The IPA format and structure allows exploration rich and highly contextual world of the participant in an effort to mine and generalize universal truths to the larger population (Smith et al., 2013). The IPA format was ideal to evaluate the Phoenix Project because it allowed participants to communicate the elements of the program that were most valuable and impactful to them, in their own words. Their responses confounded the researcher's expectations of complex processes and programming as the most effective elements of the program and distilled the most powerful elements into the most basic one: connection. Respondents of the Phoenix Project confirmed the findings of every study measuring the effectiveness of the various psychological methods: the most important element of psychotherapy is the client's connection or rapport with his or her therapist. Embedded in the concept of a therapeutic alliance, connection is the most powerful source of healing, self-acceptance, and motivation.

While the IPA format created the space for this universal truth to emerge, it also limits the number of people that can be interviewed, thus limiting the scope of the sample size and data

collection. This study was limited to six respondents split equally among gender and representing a variety of age ranges served by the project. All respondents lived in the same geographic area, the Alice Griffith public housing community, although the Phoenix Project serves youth in over six different public housing communities throughout the Bayview Hunters Point community.

Perhaps the primary limitation of this study is the sample size and geographic regions of the study participants. In order for the results of this study to be generalized to the general population served by the Phoenix Project, which includes over 150 youth annually, or ultimately to similar demographic populations throughout the country, a larger sample size that is representative of diverse geographic areas should be examined. A qualitative study utilizing IPA methodology would be impractical due to the overwhelming amount of resources required; thus, a survey which includes questions soliciting participants' endorsement or rejection of the themes identified in this study may be a practical method for further research. The questionnaire should also solicit respondents' demographic information to validate the study participants and a semi-structured qualitative section that allows respondents to provide information that may have been overlooked as part of the question construction. As information is gathered to validate the themes that emerged in this study, this would provide researchers and developers of social service programs with invaluable insight and information regarding effective elements to guide program design and implementation as well as providing philanthropists and governmental programs new strategies for resource allocation.

Another limitation of this study is that it was facilitated entirely from an insider. I was the primary researcher, the former Executive Director of the agency where the participants were served, and one of the designers of the Phoenix Project. As examined and discussed at length in

the “Researchers Role” section of Chapter 3, there is inherent bias in this format, although I implemented specific steps to reduce the impact of any potential bias on the gathering and interpretation of the data. Despite the potential confounding potential of this dual role, my relationships and reputation within the organization were also responsible for facilitating access to this population as well as relatively uninhibited and forthright responses to interview questions. One of the reasons there is so little research on this population, despite the overwhelming amount of trauma and psychological distress, is that very few researchers have access to this population and there is historic mistrust among these populations and researchers due to historic institutional racism and misdeeds (Constantine, 2007; Mitrani et al., 2003; NAMI, 2016). It will likely be extremely challenging for researchers who do not have prior relationships, along with social and emotional currency with leadership of indigenous community groups and place-based organizations, to gain the trust of leaders and participants of these groups to both gain access and facilitate difficult conversations regarding one’s most distressing memories and honest feedback about a program. I was able to bypass these issues through establishing trust over a twenty-year period as the founder and Executive Director of the agency, who did not allow outsiders to harm participants. The staff were also not weary about my agenda to utilize the data as they were well aware of my intent to study the program and to analyze and report the data in a way that would honor and respect the message and spirit of the participants.

General Recommendations

Based on results from this study of the Phoenix Project, the following are recommendations to be utilized by the Phoenix Project and similar social service and youth development programs. I have also provided recommendations for researchers of psychological

trauma, resilience, and thriving among similar populations. It is important to document the anatomy, causes, and symptoms of trauma; however, understanding the promotion of healing and resilience is vital to the ongoing evolution and legacy of the individuals and communities that have been impacted by trauma.

Recommendations for the Phoenix Project

Respondents of the study indicated that one of the most profound and impactful elements of the Phoenix Project was grounded in the relationship of the youth to Phoenix Project staff. This theme resonates with the common factors theory for psychology that asserts that the primary factor that determines the effectiveness of any therapeutic modality is the therapeutic alliance (Laska, Gurman, & Wampold, 2014). Given the prominence of the theme of the practitioner-participant connection, the Phoenix Project can maintain and build upon participant outcomes by further refining their staff recruitment, development, and evaluation systems to ensure a powerful focus remains on this relationship. Participant surveys, evaluating the various elements as service, as well as elements of their relationship with primary staff members would provide valuable feedback and to staff and administrators and guide quality control. If these processes can be standardized and consistently implemented, the Phoenix Project would ensure that its greatest asset, its staff, continue to become more effective healers and community resources. This model of on-site therapeutic services could also provide valuable insights and data to inform similar programs, serving similar populations.

Because many of the study respondents reported an established sense of trust for Phoenix Project staff, there may be an opportunity to connect more participants with behavioral health and psychotherapeutic services if services are provided on-site, thereby facilitating a warm hand-off. This model could significantly eliminate stigma, issues of cultural mistrust, and other

barriers to access among participants. Although it was not one of the research questions or foci of this study, most study participants mentioned either a familiarity or openness to mental health treatment. Several participants mentioned that they had tried to access therapy but felt uncomfortable with the provider or mentioned other barriers to accessing services. Employing behavioral health providers or partnering with organizations that offer culturally-affirming services that are evidence-informed, client-centered, and strengths-based will support the Phoenix Project to deepen its impact on healing and improving the mental health of participants who have been most impacted by trauma.

The Phoenix Project model offers valuable insights that can contribute to the evolving understanding, theory, and best practices in the fields of youth/community development and psychology. It is recommended that the administrative stakeholders of the Phoenix Project continue to capture, analyze, and report demographic data regarding participant's exposure to complex trauma, specifically gun violence, in order to document the prevalence and severity of the exposure among Phoenix Project participants. Consistent administration, documentation, comparison, and analysis of the psychological assessments utilized by the Phoenix Project is strongly recommended to establish a body of quantitative data to document quantitative outcomes in the areas of trauma symptom reduction, resilience, self-esteem, and self-care. Similarly, consistent quantitative documentation regarding participants' life outcomes in the areas of employment, wealth building, and educational attainment should be consistently collected and monitored in order to determine if the Phoenix Project's services translate into significant improvements in these domains.

Recommendations for Youth Development Programs

The field of youth development is evolving alongside the mental health and medical fields. Evidence-based and empirically validated practices are terms that are typically included in scientific research that establishes best practices in youth development (Burkhardt, Schröter, Magura, Means, & Coryn, 2015; Rochelson, 2009). Likewise, these phrases are common in the language of philanthropy and included in the program descriptions of many social service agencies serving youth and young adults (Hewlett Foundation, 2018; OECD, 2014). Youth development and workforce development communities have readily adopted the language and practices associated with trauma-informed care, strengths-based, and community-informed approaches. The results of this study support the case for increased attention to the practitioner-participant relationship as a “common factor” of program effectiveness. In the psychotherapy field, the elements that comprise common factors are operationalized. Similarly, in the social service and community development fields, the practitioner-participant relationship should be operationalized and standardized by organizations that serve these communities.

Other promising program components of the Phoenix Project that participants identified as impactful included relentless outreach and reinvestments or funds that are allocated for each participant that youth earn when they achieve a goal on their life map and reinvest into their next goal. These elements of the Phoenix Project model were identified as best practices by the ROCA program in Boston that serves a similar population of disengaged, young adults, living in low income communities within Boston (ROCA, 2020). ROCA provides training and mentoring to the Phoenix Project in order to replicate relevant elements of its model into the Phoenix Project model. The successful implementation of these program element into the Phoenix Project serves as further validation of these best practices with youth and young adults. Studies documenting the effectiveness of these interventions could provide further validation and

replication into new and existing models that service similar populations across the country. The Phoenix Project also replicated ROCA's (2020) data-driven intervention model to provide a standardized type and rate of data collection that is used to measure participant outcomes and provide constant feedback to staff and administrators regarding the specific and general impacts that the program is making in the lives of its participants.

The Phoenix Project applied the concept of data-driven intervention to mental health by incorporating empirically validated assessments in the areas of trauma, resilience, self-esteem, and wellness techniques. The following are the assessments that all Phoenix Project participants complete upon entering and upon a pre-determined "dosage" or time spent receiving the intervention: The LA Symptom Checklist (King, King, Leskin, & Foy, 1995), the Philadelphia Urban ACEs (The Research and Evaluation Group at PHMC, 2013), The Child & Youth Resiliency measure (Resilience Research Center, 2016); and the Multidimensional Wellness Assessment-Brief (Harrell, 2018). All Phoenix Project staff receive extensive training from a licensed psychologist regarding the constructs and manifestation of each of these dimensions. Staff were also provided with a Phoenix Project manual that includes operational definitions; instructions for administration, scoring, and interpretation of the assessments; and specific modalities of interventions to support youth to heal their trauma, build their resilience, and ultimately thrive. Several study respondents reported that they enjoyed completing the assessments because they encouraged them to reflect upon and validate their experiences. These assessments also provide an empirically validated measure within the psychological community that provides standardized data regarding the level of adverse childhood experiences and trauma among participants. Some of these measures also provide additional insight into the particular strengths and methods to build resilience. As the PHQ-9 has been integrated into the medical

profession, the consistent utilization of psychological measures to participants of social service programs can provide deep insights into the challenges and strategies to appropriately support vulnerable populations.

As indicated above, all Phoenix Project staff participate in extensive training, utilizing a manualized intervention that includes empirically validated theory and practices in the areas of youth development, workforce development, and psychology. This training engages staff to develop mastery over these concepts so that they are empowered with a lens and a common language to understand and communicate with medical, mental health, and social service professionals. More importantly, staff are able to contribute to the evolution of these fields by sharing their observations and providing an enhanced understanding of the challenges, strengths, and needs of the participants in their program. This promising practice for staff training should be replicated in similar programs to ensure that staff remain abreast of the developments in their respective fields and so that they are actively engaged in the conversation and resulting policies that dictate the priorities of program design and implementation.

Robust staff training is essential to facilitating perhaps the most important take-away from the Phoenix Project Programs that serve urban, low-income communities of color, particularly young people, should be grounded in the community. Most of these young people have experienced intense discrimination based on race, class, and age. There is a strong sense of mistrust and/or avoidance of professionals from other races or who do not share similar experiences. Furthermore, the intensity of the chaos, illegal activities, and trauma that many of these young people are exposed to may make them less open to sharing their experiences with outsiders. Coupled with participant mistrust is the pathologizing that is perpetrated on residents of public housing communities by outsiders. When a lifestyle and mentality is viewed as

pathological and dysfunctional, it becomes hard to see the functionality within the immediate environment of behaviors that would be considered dangerous and destructive outside of it. The strengths-based approach requires practitioners to focus on identifying and building upon the strengths of participants to facilitate healing, build resilience, and support participants to ultimately thrive. It is recommended that similar programs that serve these populations be grounded in the community of the population they serve. The culture, strengths, and beauty of the community should be uplifted and incorporated into all facets of the intervention. This is the first step to removing the stigmatizing and pathologizing practices from program culture and services to ensure a strengths-based approach and communicate an affirming message to participants. Every effort should be made to hire from within community. Over 85% of Phoenix Project staff were either raised in the community or lived in the community for a significant percentage of their lives. In many communities such as Bayview Hunters Point, there is a relatively low rate of educational attainment, which can make finding someone with the appropriate mix of community culture and education challenging to identify and secure as employees. Implementing a program culture that provides rigorous training as well as supports employees to pursue post-secondary education is essential for providing an attractive environment for competent and committed staff.

Similar to the theme of acknowledgment and uplifting the strengths of the community, it is recommended that social service programs serving similar populations create a culture and practices that acknowledge and accept that participants are the experts of their own lives. Program staff must be encouraged to trust that participants know what they need to achieve their goals and transform their quality of life. It is important to be able to offer a large assortment of services; however, participants should not be forced to participate in or utilize services that they

do not need. Instead, participants should collaborate with staff to create a tailor-made plan of services and resources to facilitate their goals. This method ensures participants receive the appropriate services, program resources are not wasted where they are not needed, and attrition is reduced as participants do not feel burdened with an excessive investment of their time and internal resources undergoing unnecessary and unwanted services.

Research Recommendations

Results of this study provide rich insights into areas of research that would benefit populations that share similar demographic profiles to the respondents of this study, as well as in advancing the social science and academic community's understanding of the prevalence and nature of complex trauma in the United States. More importantly, the results of this study highlighted strategies to increase resilience and improve mental health indicators among severely impacted populations. It is recommended that researchers utilize a larger sample size and probability sampling approach to document the level of adverse childhood experiences among residents of communities that are disproportionately impacted by violence. Respondents of this study reported experiencing a range and quantity of traumas that significantly exceeded the number and ranges found in most research examining adverse childhood experiences. A larger sample size and diverse regional sampling approach would determine if the responses in this study are in any way reflective of the traumatic experiences among similar populations nationwide. If this study is indeed indicative of more intense and frequent trauma experienced by youth and young adults in public housing communities, there is the potential to transform the narrative regarding mental illness, mental health, and resilience. The first step in transforming the narrative is to validate people's experiences.

Researchers proposed including exposure to gun violence as part of the adverse childhood experiences assessments as traumatic experience related to gun violence has become so prevalent throughout this country (Rajan, Branas, Myers, & Agrawal, 2019). The author of the study noted that by omitting this specific information in many of the adverse childhood experiences assessments, the true prevalence of exposure to gun violence is being under-reported. Another implication that results from underreporting exposure to gun violence and homicide is that policy makers and service providers do not have the information or justification to shift vital services and resources toward addressing the issue so that there is limited access to treatment. An organized and standardized collection and reporting of detailed documentation of youth and young adult experiences of childhood adversities related to gun violence has the potential to shape and advance the national conversation around the prevalence of trauma related to gun violence, in similar communities across the country.

Conclusion

Throughout the process of interviewing and reviewing the transcripts, I was genuinely taken aback by the level of positive feedback provided by the participants and their expressions of how meaningful the relationships with Phoenix staff have been in shaping their lives. As the Executive Director of the Hunters Point Family for over twenty years, my experiences within the agency changed from daily interactions with youth and staff to daily interactions with funders, politicians, their representatives, and addressing concerns such as insurance, cash flow, Human Resources issues, and making payroll. While I still maintained a conceptual appreciation for the work of the agency, I had become so far removed from the daily work of the agency and its impact among the community that I hoped that the Phoenix Project was making a positive impact on the lives of the participants; however, I have learned to manage my expectations and to

always be vigilant and prepared for negative feedback. As such, I went into the interviews, hoping for the best, but thoroughly prepared to accept a reality that might require further problem solving. The process of interviewing participants and hearing their insights, reactions, and growth that resulted from the Phoenix Project was truly unexpected and invigorating. The study structure and process allowed me to sit down for an extended period of time, without distractions, and really listen to participants to gain an in-depth understanding of their perspective of the program and the staff. Facilitating this study has truly been a remarkable reminder of why I do this work and why it matters.

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Appendix A

Informational Recruitment Flyer

October 16, 2018

Greetings!

My name is Lena Miller, a doctoral student at the University of San Francisco. As part of my research I am conducting interviews with young adults, ages 18-24 who are enrolled and have participated in the Phoenix Project.

You are invited to participate in this study because you have participated in the Phoenix Project for a minimum of 20 hours. I am interested in understanding how participants of the Phoenix Project understand the purpose of the program and if it has made any impact on their lives, and in what areas.

Though initially I am interested in your experiences, I hope this study will lend itself to further understanding and program development that effectively addresses the impact of trauma in public housing communities.

This study includes a 60-90 minute interviews with participants of the Phoenix Project where you will be asked about your experiences in the program and any insights you may have regarding the program's strengths and ways that you feel it may need to improve.

In order to participate in the study, you must be a resident of the Alice Griffith public housing community, between the ages of 18-24, and have participated in the Phoenix Project for at least 40 hours over a 3 month period.

Each participant will receive a \$50 gift card to compensate them for their time. If you are eligible and are interested in participating, please let me know. I will be happy to provide further details regarding the process and content of the interview, answer questions regarding the consent form and any other questions you may have. Once you agree to participate, I will request both a written and a verbal consent from you. Your participation in this study would include you participating in an interview with me for approximately 60-90 minutes.

Participation is confidential and participants may withdraw from the study at any time. If you have any questions, they may contact me at lena9872@gmail.com or (415) 410-8416.

Sincerely,

Lena Miller
Doctoral Candidate at University of San Francisco

Appendix B

Consent Form

Name of Researcher: Lena Miller

Name of Institution: University of San Francisco, School of Nursing & Health Sciences

Name of Project: Evaluation of the Phoenix Project: A Trauma Informed Care Intervention for Transitional Age Youth Living in Public Housing

This Informed Consent Form has two parts:

- Information Sheet
- Certificate of Consent

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

Informed Consent to Participate in Research Study

You are being invited to participate in a research study conducted by Lena Miller, a doctoral candidate at University of San Francisco. This form will tell you about the study, but the researcher will explain it to you as well. You may ask any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

In this document you will find the purpose of this study, the procedures and benefits and risks of your participation. For this study, she will be supervised by her University of San Francisco dissertation committee chair, Dr. Rick Ferm. This document will give you information to invite you to be part of the research study. If you have any additional questions about the study, please feel free to ask the investigator at any point.

Why am I being asked to take part in this research study?

Participant Selection

You are being invited to take part of this research because you have participated in the Phoenix Project and received at least 40 hours of program services. Your experience as a participant in this program can contribute to our understanding and knowledge of the effective ways to support youth who have been experienced complex trauma.

Your participation in this research is entirely voluntary. Choosing to participate will not have any bearing on your standing or participation in the Phoenix Project.

Why is this study being done?

Purpose of the research

Post-Traumatic Stress Disorder (PTSD) resulting from community violence is becoming an increasingly frequent diagnosis of residents of San Francisco's Bayview Hunters Point (BVHP)

community. The Phoenix Project is a unique, manualized pilot program in SF, developed specifically to support transitional age youth to heal trauma, achieve economic self-sufficiency, and become more resilient. For this study, the researcher will be asking you to report on your experiences in the Phoenix project and any impact that the program may have had upon your life. We are asking you to be reflective about your experiences in the Phoenix Project. Understanding your experiences will help to inform future planning of support programs and services for transitional age youth who have experienced complex trauma and further research.

What will I be asked to do?

Type of Research Intervention

If you decide to take part in this study, we will ask you to sign this consent form and participate in a semi-structured (one on one) interview, which will be scheduled for 90 minutes.

Procedures

We would like you to help us learn more about your experiences participating in the Phoenix Project. You are being invited to participate in this research project. If you accept you will be asked to participate in a one-on-one interview.

Once you understand and sign this form we will schedule an interview at a time that is most convenient for you. Interviews will be conducted at the Phoenix Project site at the Alice Griffith community center and will be conducted by myself, Lena Miller. If you do not wish to answer a particular question during the interview, I will move on to the next question. Only the interviewer will be present during the interview. You will be assigned a pseudonym and all information recorded will remain confidential, only the interviewer, Lena Miller will have access to the information documented during the interview. The interview will be audio-recorded. The audio file will be kept on Lena Miller password protected personal laptop and password protect cloud file as a backup. All recordings will be destroyed after the data has been transcribed and analyzed.

Where will it take place and how much of my time will it take?

Place & Duration

The research will take place over a one-week period at the Phoenix Project site at the Alice Griffith Community center. Once you have agreed to participate in the study and sign this consent form I will schedule a time at your earliest convenience for the interview to take place. The interview will take no more than 90-minutes. You may receive a follow-up phone call for clarification.

Will there be any risk or discomfort to me?
--

Risks

This study poses no ethical risks. Although the topic of the study regards trauma, it is possible that talking about one's experience of trauma may bring up difficult emotions or memories of a painful nature for some individuals. However, you may be asked to share personal and confidential information or you may feel uncomfortable talking about some of the topics. You do not have to take part of or answer any questions that make you feel uncomfortable. You can choose to skip any questions during the interview and do not have to provide a reason for why you are refusing to answer particular questions. If you have any concerns before or after participating, please do not hesitate to contact the researcher at the

phone number or email address below. If discussing these experiences brings up painful emotions and you would like to receive ongoing support, including the services of a therapist or other mental health professional, please feel free to contact one of the following providers that provide free or low-cost mental health services to youth and young adults with a specific focus on trauma:

Southeast Child & Family Therapy Center
1525 Silver Ave., San Francisco, CA. 94124
94124
(415) 657-1770;
www.sfhealthnetwork.org/primary-care-3/southeast-health-center/

YMCA Behavioral Health Program
5815 Third Street, San Francisco, CA.
(415) 822-7500; www.ymcasf.org

3rd Street Youth Center & Clinic
1728 Bancroft Avenue
San Francisco, CA. 94124
(415) 822-1707; www.3rdstyouth.org

Bayview Hunters Point Foundation
Integrated Behavioral Health Program
1625 Carroll Avenue
San Francisco, CA. 94124
(415) 822-7500; www.bayviewci.org

Will I benefit in being in this research?

Benefits

There is no direct benefit to you for participating in this study. However, participating in this study will provide you with the opportunity to share your experience about the effectiveness of the Phoenix Project program and services. Furthermore, participating will help us understand your experiences and this may help inform both the mental health and youth leadership communities about effective program design and interventions for youth living in public housing who have experiences multiple traumas.

Who will see the information about me?

Confidentiality

The student researcher will protect your anonymity by assigning you a pseudonym. Your part in the study will remain confidential. All information that you share through the interview will remain confidential and will only be accessible with the use of passwords by the student researcher (Lena Miller). All data gathered will be used for the student researcher's doctoral dissertation, and potentially future academic publications and presentations. Confidentiality will be kept for all participants in all potential publications.

Sharing the Results

Everything that you share will remain confidential and nothing will be attributed to your name. The information that we gathered from this research will be synthesized and analyzed and shared with you and your community before it is available to the public.

Participants will receive a copy of the initial findings through email within one month of the interview. You will have one week to provide feedback about the validity, accuracy and request modifications and alterations to the data.

What will happen if I suffer any harm from this research?

There is no foreseeable harm from participation in this research.

Can I stop my participation in this study?

Right to Refuse or Withdraw

Your participation in this study is completely voluntary. If you choose to volunteer for this research your job or job-related evaluations will not be affected in any way. Even if we begin the study, you may quit at any time and your job will not be impacted. At the end of the interview you will be granted the opportunity to review your statements and you can request modifications or removal of any parts. You can also review my notes and correct or change any misunderstandings.

Who can I contact if I have any question of problem?

Who to Contact

If you have any questions, you can ask them now or at anytime. If you wish to ask questions later, you can contact Lena Miller at lena9872@gmail.com or Dr. Rick Ferm at brferm@usfca.edu.

Who can I contact about my rights as a participant?

This proposal has been reviewed and approved by the University of San Francisco IRB, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB process, you may contact the USF IRB office at irbphs@usfca.edu.

Will I be paid for my participation?

You will be given a \$50 Visa gift-card as compensation for your participation time in this study. This \$50 Visa gift-card will be distributed to you when you arrive for the interview portion of this study.

Will it cost me anything to participate?

There are no costs for participating in this study.

Is there anything else I need to know?

All necessary information has been disclosed.

Part II: Certificate of Consent

I have read the preceding information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant

Date

Signature of Participant

Date

Signature of the person who explained the study to the participant above and obtained consent

Date

Printed name of above

I consent voluntarily to have the interview audio-recorded:

Signature of participant

Appendix C

Phoenix Project Evaluation Interview Schedule

The Phoenix Project was designed to provide young people with support and tangible tools to improve participants quality of life, with an emphasis on reducing trauma symptoms through building youth's resilience and utilization of wellness strategies. Interpretative Phenomenological Analysis ([IPA]; Smith, Flowers & Larkin, 2009) will be utilized to discover and articulate participants' experience in the Phoenix Project. IPA was selected as the most appropriate qualitative research approach because it is concerned with examining how people make sense of their experiences ,on their own terms. In order to understand participants' experiences of the Phoenix Project and its potential benefits for their life, the following questions will be used to guide the interview so that the research themes and questions are addressed while still providing flexibility and space for significant themes and issues to emerge that are important to the participants, that may not have been considered by the researcher:

Introduction

1. Please tell me a little bit about why you decided to join the Phoenix Project?
 - a. Share with me what happened to make you join.
 - b. What was your experience of joining?
2. How often do you participate in the Phoenix Project?
 - a. How many days a week do you come.
 - b. How long do you usually stay?
3. What are the primary services or resources you use at the Phoenix Project?
 - a. Describe for me the last two times you came to the Phoenix Project, what did you do, who did you engage with?

4. Who is the person you work with most often in the Phoenix Project?
 - a. Please describe the relationship to me.

Trauma & Mental Health

5. Have you experienced any serious trauma in your life?
 - a. If so, and you feel comfortable, could you please share the nature of the trauma so that I can better understand your experiences.
6. Have you experienced any serious trauma over the last 3 years?
 - a. If so, and you feel comfortable, could you please share the nature of the trauma so that I can better understand your experiences.
7. How did you cope with the trauma?
 - a. What techniques did you use?
 - b. Were they effective? Please explain.
 - c. Do you still actively utilize techniques for coping/healing.
8. Have there been any aspects of the Phoenix Project that have been helpful to you in dealing with trauma?
 - a. If so, please provide an example of how its helped.
 - b. If not, please share more with me about why you think it hasn't.

Conceptualization

9. Tell me about your experiences in the Phoenix Project?
 - a. Can you share a specific experience with me that is most important to you.
 - b. Do you think they have been beneficial? If so please explain.
10. Has the Phoenix Project had any impact on your life?
 - a. If it has, what are those impacts?

b. Can you share a specific example of when you realized the program made an impact on you?

c. If it hasn't, why do you think it hasn't?

11. Would you recommend the Phoenix Project to a friend?

a. Please explain your answer.

b. How would you describe the Phoenix Project to a friend?

c. What kind of youth do you think the Phoenix Project would help best?

Meaning

12. If you feel the Phoenix Project has encouraged you to grow or develop in any way, please share how you make sense of this experience.

Closing

13. Do you have any wisdom or advice about how to improve the program to make it more effective in helping young people in the program?

14. Is there anything else that you would like to share with me about your experiences in the Phoenix Project and its impact on you-positively or negatively?

In addition to these questions, the researcher will also allow flexibility within the interview so that the participant may introduce any themes that they identify as integral to their experience. All interviews will be recorded and transcribed verbatim. Transcripts of the interviews will be analyzed following the IPA format and focus on three areas: Descriptive linguistics which include the obvious, surface level meaning of what the participant said; Linguistic comments that analyze the specific use of language by the participant; and Conceptual comments that analyze the underlying meaning of participants statements. These three layers of

analysis will triangulate emerging themes and the most salient aspects of participants' interviews.

Appendix D

IRB Application



APPLICATION FOR IRB REVIEW OF NEW RESEARCH INVOLVING HUMAN SUBJECTS

Complete the following form and upload this document to the online IRB system in Mentor. In addition to this application, you will also need to **upload any survey/interview questions and informed consent documents for your protocol.**

1. RESEARCH PROJECT DESCRIPTION

Provide, in lay terms, a detailed summary of your proposed study by addressing each of the following items:

Clearly state the purpose of the study (Usually this will include the research hypothesis)

This study is an evaluation of the Phoenix Project. The Phoenix Project is an experimental program for youth ages 18-24 living in San Francisco's public housing development communities who have experienced severe trauma and disruption and have been identified as having difficulties forming healthy connections with traditional youth development and/or after-school programming. The Phoenix Project operationalizes empirically validated psychological models and interventions, including the bio-psycho-socio-cultural-spiritual Trauma-Informed Care, identity based and motivational interviewing, as core components to deliver social services to participants.

This dissertation project seeks to understand the experiences and current mental health among youth participants and examine the outcomes for the project's psychologically based outcomes to determine if the Phoenix Project's unique approach results in participants experiencing any changes in their symptomology and response to trauma, as well as their overall emotional well-being. This study will utilize the interpretive phenomenological approach (IPA) for qualitative analysis, to elicit participant voices to define themselves in greater depth and dimension and share their own perceptions about their experiences in the Phoenix Project, the impact the Phoenix Project has made upon their lives, and the strengths and challenges of the Phoenix Project. It is the aim of the researcher to analyze and interpret any significant themes that emerge in order to contribute to the body of knowledge and regarding of effective program elements in communities with similar socio-cultural economic indicators for dissemination and replication throughout the nation.

Background (Describe past studies and any relevant experimental or clinical findings that led to the plan for this project)

The terms Complex or Continuous Traumatic Stress Disorder (CT) are frequently used to define Posttraumatic Stress Disorder (PTSD) among refugees, inhabitants of war torn countries, and communities that have experienced ongoing violence and "toxic" stress (Horowitz, Weine, & Jekel, 1995; Matheson, 2016). Historically individuals exhibiting symptoms of CT were

typically victims of war; however, CT is increasingly being diagnosed within low-income urban communities across the United States (Breslau et al., 1991; Breslau et al., 1998; Fitzpatrick & Boldizar, 1993; Paxton, Robinson, Shah & Schoeny, 2004; Selner- O'Hagan et al., 1998; Shakoor & Chalmers, 1998).

Elevated rates of homicide and violence has resulted in significantly high percentages of the population that experience symptoms of PTSD and complex trauma in economically disadvantaged communities, historically oppressed groups, including racial and ethnic minorities of low socio-economic status. The MWA can be used with both adolescents and adults and includes a comprehensive assessment of the concept of well- being

Phoenix Project staff will ensure that data is anonymous to the researcher and will match intake to the exit assessments. Once the assessments are completed, compiled, and matched, all identifying information of the participant will be removed. The final dataset will be provided to the researcher for analysis.

Give the location(s) the study will take place (institution, city, state, and specific location)

The study is the product of the University of San Francisco's Doctorate in Psychology program. The study will take place in San Francisco, CA, specifically at the Alice Griffith public housing community center.

Duration of study project

The Phoenix Project evaluation will take place over three months. The first month will focus on participant selection and documentation, including written consent, explanation of the purpose for research project, etc. The second month will focus on collection of data and assessments to identify and articulate themes that emerge that facilitate increased understanding of participants along various mental health dimensions. The third month will include development of guiding questions for semi-structured interviews, facilitation of the interviews, and coding the themes and content that emerge.

2. PARTICIPANTS

2(a) Participant Population and Recruitment

Describe who will be included in the study as participants and any inclusion and exclusion criteria.

The researcher intends to recruit 6-8 participants who meet the eligible criteria and consent to participate in the study. Selection criteria for inclusion in the study is young adults, ages 18-24, who have participated in the Phoenix Project for at least three months and received a baseline dosage of 40 hours of services. The researcher will work, in partnership with Phoenix Project staff to identify clients who fit the project criteria and invite them to participate in the project. The following inclusion criteria will be used to select participants for the Phoenix Project evaluation study:

1. Experienced community violence within the last 8 years, according to self-reports, including witnessing a shooting; losing a close friend or family member to homicide; being victim of a violent assault; or violently assaulting someone;
2. Are 18 years old or older;
3. Are English language proficient and literate

4. Live in San Francisco's Alice Griffith public housing community.
5. Have received a baseline dosage of at least 40 hours in the Phoenix Project.

Individuals who meet inclusion criteria and express an interest in participating in the project will be provided with the researcher's contact information in order to ask questions or clarify issues to determine if they are interested in participating in the study. All potential participants will receive a written explanation of the study's purpose and a written consent form to access their archival and active data, including anonymous assessments, where all identifying information is removed and coded. They will also agree to participate in a focus group, where any identifying information will be removed for recording and transcription.

Respondents who participate in ongoing therapy will be excluded from the study, to ensure that the impact of participation in the Phoenix Project is not confounded by extra therapeutic factors.

What is the intended age range of participants in the study?

Age range of participants is 18 through 24 years old.

Describe how participant recruitment will be performed.

The researcher will develop an informational flyer that will be provided to Phoenix Project staff to distribute to youth who are enrolled in the Phoenix Project. The recruitment flyer will provide information regarding the purpose of the study and the researcher's role in the project. All eligible participants encouraged to participate in the evaluation project. The researcher will train the Phoenix Project Program Director on recruitment procedures, including the nature, procedures, and timeline for the evaluation study. Once evaluation participants are identified, the researcher will collaborate with Phoenix Project staff to secure the following items:

- Letter from Project Director clarifying the researcher's role/relationship to the project that clarifies the Phoenix Project representatives will have access to the research findings, but they are not entitled to the actual data.
- Consent form signed by study participants that includes a disclosure regarding the researcher's relationship to the research project and provides the researcher permission to access their measures.

Do the forms of advertisement for recruitment contain only the title, purpose of the study, protocol summary, basic eligibility criteria, study site location(s), and how to contact the study site for further information?

X Yes

No

*If you answered "no," the forms of advertisement must be submitted to and approved by the IRB prior to their use.

2(b) Participant Risks and Benefits

What are the benefits to participants in this study?

There is no direct benefit to the participants in this study. However, upon completion of the interviews the participants will have the opportunity to contribute to a new, potentially effective treatment and service approach that is specifically designed to meet the needs of transitional age youth, living in low-income and public housing communities, who have experienced significant trauma.

Furthermore, during the interviews the participants will have an opportunity to be reflective about their experience in the Phoenix Project and how these experiences influence their resilience, trauma symptomology, and overall sense of well-being.

On a larger societal scale, this study will benefit youth development and mental health providers and researchers who are interested in providing therapeutic treatment and intervention services that are embedded within public housing communities.

What are the risks (physical, social, psychological, legal, economic) to participants in this study?

This study present minimal risks to the participants. However, participants will have the slight risk of discussing personal information, which may contribute to slight (non-physical) discomfort. Loss of confidentiality is also possible risk.

If deception is involved, please explain.

Not applicable.

Indicate the degree of risk (physical, social, psychological, legal, economic) you believe the research poses to human subjects (*check **the one** that applies*).

X MINIMAL RISK: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

GREATER THAN MINIMAL RISK: Greater than minimal risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. **If you checked “Greater than Minimal Risk”,** provide a statement about the statistical power of the study based on intended sample size, design, etc. to test the major hypotheses)

2(c) Participant Compensation and Costs

Are participants to be financially compensated for the study? X Yes No If “yes,” indicate amount, type, and source of funds.

Amount: **\$50**

Source: **Researcher**

Type (e.g., gift card, cash, etc.):

Gift Card

Will participants who are students be offered class credit? Yes **X** No N/A

If you plan to offer course credit for participation, please describe what alternative assignment(s) students may complete to get an equal amount of credit should they choose not to participate in the study.

N/A

Are other inducements planned to recruit participants? Yes **X** No If yes, please describe.

3. CONFIDENTIALITY AND DATA SECURITY

Will personal identifiers be collected (e.g., name, social security number, license number, phone number, email address, photograph)? Yes **X** No

Will identifiers be translated to a code?

X Yes No

Describe how you will protect participant confidentiality and secure research documents, recordings (audio, video, photos), specimens, and other records.

Safeguards will be implemented to minimize participant discomfort and ensure confidentiality.

Participants will be informed they are free to decline from answering any questions and can request to move to the next question. In addition, participants will be told verbally and in the Consent Form (Appendix B) that they can withdraw from the study at any time to minimize risk of discomfort.

Measures to ensure confidentiality include assigning pseudonyms to all participants, in addition only the student researcher and the principal investigator (Dr. Brent Fenn) will have access to all materials and data. All electronic files will be encrypted and kept on the researcher password protected personal laptop and password protected cloud file as backup.

4. CONSENT

4a. Informed consent

Do you plan to use a written consent form that the participant reads and signs?

☒ Yes

No

***If “no,” you must complete Section 4b or 4c below.**

If “yes,” describe how consent will be obtained and by whom.

If the participants are minors under the age of 18 years, will assent forms be used? If “no,” please explain.

Yes

No

☒ N/A

Upload to the online IRB system the consent form(s) that the participants and/or parent/guardian will be required to sign, and the assent forms for children under the age of 18, if applicable.

Note: All consent forms must contain the following elements (quoted directly from Office for Human Research Protections regulations, available at:

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.116>. The University of San Francisco IRB has consent templates containing all required elements, **and we strongly recommend you use these templates.**

If you believe it is important to create your own consent form, you are free to do so but please ensure that your consent form has each of the following elements and indicate you have done so by checking this box:

☒ I have chosen to create my own consent form and have ensured that it contains the 8 essential elements listed below:

(1a) A statement that the study involves research, (1b) an explanation of the purposes of the research, (1c) the expected duration of the subject's participation, (1d) a description of the procedures to be followed, and (1e) identification of any procedures which are experimental;

(2) A description of any reasonably foreseeable risks or discomforts to the subject;

(3) A description of any benefits to the subject or to others which may reasonably be expected from the research;

(4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;

(5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

(6) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;

(7) An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

(8) A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled."

4b. Waiver of documentation of written informed consent (Complete only if answered "no" to 4a)

The regulations allow instances in which the IRB may waive the requirement for documentation of informed consent, that is, the collection of a signed consent form. If you are requesting a waiver of written documentation (signed) of informed consent, please answer the following questions:

Will the only record linking the participant and the research be the consent document and the principal risk to the participant would be from breach of confidentiality? Yes No

Do you consider this a minimal risk study that involves no procedures for which written consent is normally required outside of research (see 2B above for definition)? Yes No

Explain why you are requesting waiver or modification of documentation of written (signed) informed consent and how you plan to obtain consent.

4c. Waiver or modification of informed consent (Complete only if answered "no" to 4a)

The regulations also provide an opportunity for the IRB to waive the requirement for informed consent or to modify the informed consent process, provided the protocol meets the following criteria:

- (1) The research involves no more than minimal risk to subjects (see 2b above for definition);
- (2) The waiver of alteration will not adversely affect the rights and welfare of the subjects;
- (3) The research could not practicably be carried out without the waiver or alteration; and
- (4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

If you are requesting a waiver or modification of informed consent (e.g., incomplete disclosure, deception), explain how your project meets the requirements for waiver or modification of informed consent, as outlined above.

Appendix F Philadelphia ACEs Questionnaire



Philadelphia ACE Telephone Survey Questions

FOR Qs1-4: While you were growing up, that is during your first 18 years of life...)

1. Did you feel safe in your neighborhood (READ LIST)?
(IF RESPONDENT MENTIONS HAVING LIVED IN MULTIPLE NEIGHBORHOODS WHILE GROWING UP
ASK: Overall, did you feel safe in the neighborhoods you grew up in?)
 - 1 All of the time
 - 2 Most of the time
 - 3 Some of the time, or
 - 4 None of the time
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
2. Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted (READ LIST, IF NECESSARY)?
(IF RESPONDENT MENTIONS HAVING LIVED IN MULTIPLE NEIGHBORHOODS WHILE GROWING UP
ASK: Overall, did you feel people in the neighborhoods you grew up in looked out for each other...?)
 - 1 All of the time
 - 2 Most of the time
 - 3 Some of the time, or
 - 4 None of the time
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
3. How often were you bullied by a peer or classmate? (READ LIST, IF NECESSARY)?
 - 1 All of the time
 - 2 Most of the time
 - 3 Some of the time, or
 - 4 None of the time
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
4. How often, if ever did you see or hear someone being beaten up, stabbed, or shot in real life? Would you say (READ LIST)?
 - 1 Many times
 - 2 A few times
 - 3 Once, or
 - 4 Never
 - R (DO NOT READ) Refused

Now please think about your childhood, in general, not just your neighborhood or community.

FOR Q5-6: While you were growing up, during your first 18 years of life, how true were each of the following statements?

5. There was someone in your life who helped you feel important or special. Was this (READ LIST)?
- 1 Very often true
 - 2 Often true
 - 3 Sometimes true
 - 4 Rarely true, or
 - 5 Never true
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
6. Your family sometimes cut the size of meals or skipped meals because there was not enough money in the budget for food. Was this (READ LIST)?
- 1 Very often true
 - 2 Often true
 - 3 Sometimes true
 - 4 Rarely true, or
 - 5 Never true
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

Sometimes people are treated badly, not given respect, or are considered inferior because of the color of their skin, because they speak a different language or have an accent, or because they come from a different country or culture.

7. While you were growing up during your first 18 years of life how often did you feel that you were treated badly or unfairly because of your race or ethnicity? Would you say...? (READ LIST)
- 1 Very often true
 - 2 Often true
 - 3 Sometimes true
 - 4 Rarely true, or
 - 5 Never true
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

Again, I want to remind you that the next questions refer to the time period while you were growing up in your first 18 years of life. During your first 18 years of life:

8. Did you live with anyone who was depressed or mentally ill?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

9. Did you live with anyone who was suicidal (IF NECESSARY: during your first 18 years of life)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

10. Did you live with anyone who was a problem drinker or alcoholic (IF NECESSARY: during your first 18 years of life)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

Still looking back to your first 18 years of life...

11. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

12. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

Sometimes physical blows occur between parents or other adults in the house.

FOR Q14-Q16: While you were growing up, that is during your first 18 years of life...

14. How often, if ever, did you see or hear a parent, step parent or another adult who was helping to raise you being yelled at, screamed at, sworn at, insulted or humiliated? Would you say...(READ LIST)
- 1 Many times
 - 2 A few times
 - 3 Once, or
 - 4 Never
 - D (DO NOT READ) Don't know/Not Sure
 - R (DO NOT READ) Refused
15. How often, if ever, did you see or hear in your home a parent, step parent or another adult who was helping raise you being slapped, kicked, punched or beaten up? (READ LIST)
- 1 Many times
 - 2 A few times
 - 3 Once, or
 - 4 Never
 - D (DO NOT READ) Don't know/Not Sure
 - R (DO NOT READ) Refused
16. How often, if ever, did you see or hear a parent, step parent or another adult who was helping to raise you being hit or cut with an object, such as a stick or cane, bottle, club, knife, or gun? (READ LIST, IF NECESSARY)
- 1 Many times
 - 2 A few times
 - 3 Once, or
 - 4 Never
 - D (DO NOT READ) Don't know/Not Sure
 - R (DO NOT READ) Refused

Sometimes parents or other adults hurt children.

While you were growing up, that is during your first 18 years of life, how often, if ever, did a parent, step-parent, or another adult living in your home...

17. Swear at you, insult you, or put you down? (READ LIST)

- 1 More than once
- 2 Once, or
- 3 Never
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

How often, if ever, did a parent, step-parent, or another adult living in your home...

18. Push, grab, shove, or slap you? (READ LIST)

- 1 More than once
- 2 Once, or
- 3 Never
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

19. Hit you so hard that you had marks or were injured? (READ LIST)

- 1 More than once
- 2 Once, or
- 3 Never
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

20. Act in a way that made you afraid that you would be physically hurt? (READ LIST)

- 1 More than once
- 2 Once, or
- 3 Never
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or someone at least five years older than themselves. These experiences may have involved a relative, family friend, or stranger.

During the first 18 years of life, did an adult or older relative, family friend or stranger who was **at least five years older than yourself** ever...?

21. Touch or fondle you in a sexual way or have you touch their body in a sexual way?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

22. Attempt to have or actually have any type of sexual intercourse, oral, anal, or vaginal, with you?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/Not Sure
- R (DO NOT READ) Refused

Appendix F

The Los Angeles Symptom Checklist (Adult Version)

LOS ANGELES SYMPTOM CHECKLIST (ADULT VERSION)

Below is a list of problems. Rate each one on a scale of 0 to 4 according to how much of a problem that item is for you. A rating of zero would mean that the item is not a problem for you; one, a slight problem; two, a moderate problem; three, a serious problem; and four, an extreme problem.

0 not a problem	1 slight problem	2 moderate problem	3 serious problem	4 extreme problem
☐ 1. difficulty falling asleep			☐ 24. excessive eating	
☐ 2. abusive drinking			☐ 25. difficulty concentrating	
☐ 3. severe headaches			☐ 26. dizziness/fainting	
☐ 4. restlessness			☐ 27. sexual problems	
☐ 5. nightmares			☐ 28. waking during the night	
☐ 6. difficulty finding a job			☐ 29. difficulty with memory	
☐ 7. difficulty holding a job			☐ 30. marked self-consciousness	
☐ 8. irritability			☐ 31. depression	
☐ 9. pervasive disgust			☐ 32. inability to make and keep same sex friends	
☐ 10. momentary blackouts			☐ 33. inability to make and keep opposite sex friends	
☐ 11. abdominal discomfort			☐ 34. excessive jumpiness	
☐ 12. management of money			☐ 35. waking early in the morning	
☐ 13. trapped in an unsatisfying job			☐ 36. loss of weight/ appetite	
☐ 14. physical disabilities or medical problems. Explain: _____			☐ 37. heart palpitations	
☐ 15. hostility/violence			☐ 38. panic attacks	
☐ 16. marital problems			☐ 39. problems with authority	
☐ 17. easily fatigued			☐ 40. avoidance of activities that remind you of prior unpleasant experiences	
☐ 18. drug abuse			☐ 41. trouble trusting others	
☐ 19. inability to express feelings			☐ 42. loss of interest in usual activities	
☐ 20. tension and anxiety			☐ 43. feeling emotionally numb	
☐ 21. no leisure activities				
☐ 22. suicidal thoughts				
☐ 23. vivid memories of unpleasant prior experiences				

How long have you been bothered by these symptoms?

Scoring the LASC

There are two options for scoring this instrument. The categorical scoring provides direct correlation to the DSM IV diagnosis of PTSD. The continuous scoring method provides a severity score for PTSD. They are both described below.

Categorical: (must endorse items with a 2 or higher response)

Category B = reexperiencing trauma = 1 item

Category C = avoidance and numbing = 3 items

Category D = increased arousal = 2 items

If the participant meets the criteria for each, she/he is positive for PTSD. If she/he meets criteria for 2 out of the three categories, this is considered partial PTSD.

Continuous:

Sum of ratings across all 17 PTSD symptoms

Sum of ratings of all 43 items, yields a global assessment of distress and adjustment problems.

LET

APPENDIX G
Phoenix Project Intake Assessment



Today's Date _____

Site

- ☐ Alice Griffith/Double Rock
- ☐ Hunters View
- ☐ Potrero Hill
- ☐ Sunnydale

Last Name _____ First Name _____

Preferred Nickname/Name _____

Background Information

Where were you born? _____

What primary language do you speak at home?

- ☐ English ☐ Spanish ☐ Cantonese ☐ Japanese
- ☐ Khmer/Cambodian ☐ Laotian ☐ Korean ☐ Mandarin ☐ Samoan
- ☐ Tagalog ☐ Toishanese ☐ Vietnamese ☐ Arabic ☐ American Sign Language

How do you describe your sexual orientation or sexual identity (check one)?

- ☐ Bisexual Gay/Lesbian/Same-Gender Loving Questioning/Unsure
- ☐ Straight/Heterosexual
- ☐ Not listed. Please specify: _____ Decline to answer

What is your gender (check one)?

- ☐ Female ☐ Genderqueer/Gender ☐ Non-binary
- ☐ Male ☐ Trans Female ☐ Trans Male
- ☐ Not listed. Please specify: _____ ☐ Decline to answer

What best describes your sex assigned at birth (check one)?

- ☐ Male ☐ Female ☐ Decline to answer

Education

What is the highest level of education that you have completed? (Check one)

- ☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Did not Graduate ☐ High School
☐ High School Graduate ☐ Some College ☐ College Graduate
☐ Post Graduate

Do you have a: ☐ High School Diploma. ☐ GED ☐ Neither

Employment and Finances

How do you financially support yourself?

What type of job do you have?

- ☐ None Informal/non-traditional (cutting grass, babysitting, etc.)
☐ Part-time at a steady job (less than 35 hours/week)
☐ Full-time at a steady job (more than 35 hours/week)

Do you have a checking account?

- ☐ Savings only ☐ Checking only ☐ Savings and checking
☐ Neither savings nor checking

Do you have enough money in your account to cover your expenses for a month? ☐ Yes ☐ No

Assistance

Have you ever experienced the following and/or received assistance from these programs? Check all that apply

- ☐ Homeless (1)
☐ Foster Care (2)
☐ Public Assistance (3)
☐ Housing (Section 8) (4)
☐ Foodbank (5)
☐ MediCal (6)
☐ None of the above (7)
☐ Prefer not to answer

Are you currently receiving any CAL Works or CAL Fresh?

- ☐ None ☐ CAL Works ☐ CAL Fresh ☐ Both

Phoenix Project

How did you hear about the Phoenix Project? (Check all that apply)

- ☐ Text message ☐ Family ☐ Friends ☐ Website ☐ Peer ☐ Partner
☐ Walked by ☐ Flyer/Poster ☐ School

What program referred you to the Phoenix Project?

- ☐ 3 rd Street Youth Center & Clinic
- ☐ 5 Keys Charter School
- ☐ 100% College Prep
- ☐ Bayview Hunters Point Foundation for Community Improvement
- ☐ Hunters Point Family (Peacekeepers, Safehaven, Girls 2000)
- ☐ Samoan Community Development Center
- ☐ Young Community Developers (YCD)